

**PARK OF RIVER OAKS
1A CONDOMINIUM ASSOCIATIONS**

Notice of Intent to Sell – Page 2

NUMBER OF ADULTS THAT WILL OCCUPY THE UNIT: _____

NUMBER OF CHILDREN (UNDER 18) THAT WILL OCCUPY THE UNIT: _____

LIST EACH PERSON WHO WILL RESIDE IN THE UNIT: If at any future time a person(s) other than those listed herein become a permanent resident of the unit, the Board of Directors must be notified.

	<u>FULL LEGAL NAME</u>	<u>AGE</u>	<u>SEX</u>
1.	_____		
2.	_____		
3.	_____		
4.	_____		

NEAREST PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE WHO HAS KEYS TO THE UNIT)

LIST ALL VEHICLES:

	<u>MAKE/MODEL</u>	<u>COLOR</u>	<u>YEAR</u>	<u>LICENSE NO.</u>
1	_____			
2	_____			
3	_____			
4	_____			

PARK OF RIVER OAKS 1A CONDOMINIUM ASSOCIATION

RESIDENT PERSONAL DATA

OWNER: _____ PROPERTY ADDRESS: _____
 BUYER: _____ PHONE NUMBER: _____
 HOME ADDRESS: _____

	EMPLOYMENT	SPOUSE'S EMPLOYMENT (or your second job)	ASSETS
EMPLOYER:			AUTO, YR., MAKE, MODEL:
CURRENT ADDRESS: CITY, STATE, ZIP			VALUE:
PHONE:			FURNITURE (\$1,000 rm)
SUPERVISOR:			REAL ESTATE, STOCKS, BONDS:
POSITION:			SAVINGS ACCT. NO:
FIRM:			CHECKING ACCT. NO:
YEARLY SALARY			BANK:
YOUR AGE:			
DEPENDENTS:			

The following people will reside in Unit No. _____ and none other. (List full name and age of individuals who will reside in the unit).

	NAME	AGE		NAME	AGE
1			4		
2			5		
3			6		

Respectfully submitted,

Mr. _____

Mrs./Mr./Ms. _____

PARK OF RIVER OAKS
1A CONDOMINIUM ASSOCIATION

FINANCIAL AND CHARACTER REFERENCES AND INFORMATION FORM

(To be completed by prospective purchaser)

PLEASE FILL IN ALL BLANKS – INCOMPLETE FORMS WILL NOT BE ACCEPTED

1. Identification

Name: _____ Date of Birth: _____

Social Security Number: _____

Current Address:

_____ City/State/Zip _____

of Years _____ Do you own? _____ Rent? _____

Previous Address: (If less than two (2) years at Current Address)

_____ City/State/Zip _____

of Years _____ Do you own? _____ Rent? _____

Marital Status:

Married _____ Separated _____ Unmarried _____ (include Single, Divorced, Widowed)

Employment

Name and Address of Employer: _____ Years on the job: _____

_____ Position/Title: _____

_____ Type of Business: _____

_____ Self Employed*: _____

Home Phone: (_____) _____ Business Phone (_____) _____

*If self- employed, you must submit Business Credit Report, signed Federal Income Tax Returns for the last two years, and audited Profit and Loss Statements plus a balance sheet for the same period.

MEMORANDUM OF UNDERSTANDING

PURCHASER	CO - PURCHASER	ITEM
		We certify that the information set forth is complete, true and accurate.
		We certify that we have a copy of the Declaration, By-Laws and the Association's Rules and Regulations, that we have read and understand them and we agree to be bound by and abide by each and every provision thereof.
		We understand that dogs are not permitted in units, and we agree not to keep a dog in any unit.
		We understand that false statements or documents herein will be considered a breach and violation of the Declaration, By-Laws and Rules and Regulations.
		We certify that we will be using the unit for lawful, residential purposes only as our principal residence. We understand that leasing of units is prohibited.
		We certify that only individuals listed on Page 2 of this sales packet will occupy the unit. We agree to notify the Association of any changes in the occupancy.
		The seller of the unit has notified us of the total monthly payment for principal interest, taxes and utilities and the Association's common expenses, and agree to pay late charges, attorney fees and court cost for the collection thereof.
		We authorize the Association and any consumer or credit reporting agency or bureau to investigate our character, general reputation, mode of living, credit and financial responsibility and the statements made herein and to inquire with the persons and references named herein, and to inquire with the persons and references named herein, and we authorize such credit and consumer reporting agency or bureau to make a consumer or credit report in connection therewith.
		We understand that as a Homeowner at the Park of River Oaks 1A, it is imperative that I (we) have homeowners insurance and that a copy is given to the management office each year, upon renewal.

SIGNATURES - Must be signed by all Purchasers and dated.

I (We) hereby certify that I (We) have read and initialed the appropriate boxes in the above form, and that the information herein is complete, true and accurate.

Date: Signature (Purchaser)

Date: Signature: (Co-Purchaser)

**PARK OF RIVER OAKS
1A CONDOMINIUM ASSOCIATION**

Memorandum of Understanding

I (We), the intended Purchaser(s) of the condominium unit _____, declare that we have read the Park of River Oaks Condominium Association Rules and Regulations and the Declaration of Condominium Ownership and By-Laws, Easements, Restrictions and Covenants and any Amendment or Amendments thereto and understand that we shall, at all times, hold our interest in the Condominium subject to the rights, easements, privileges and restrictions therein set forth or hereafter established by the Owners or Directors of the Park of River Oaks Condominium Association 1A, as duly provided for in the aforesaid Declaration of Condominium Ownership. I (We) have received, read, understood and will abide by the "Amendment to Article VII (h)" of the Declaration of Condominium Ownership and of Easements, Restrictions and Covenants for the Park of River Oaks Condominium Association which States: THAT THERE DEFINITELY ARE NO DOGS ALLOWED IN THE UNIT.

SIGNATURE OF PURCHASER

SIGNATURE OF PURCHASER

I (We) hereby certify that I (we) have given the above Purchaser the proper copies of the Park of River Oaks 1A Condominium Association Rules and Regulations.

SIGNATURE OF SELLER

SIGNATURE OF SELLER

DATE

Letter of Clarification And Understanding

1. You understand that there are no dogs allowed in any of the units. Nor are dogs to be brought on to the premises by guests.
2. You understand that carpet is required for every room except the bathroom, foyer, kitchen and closet floors.
3. You understand that it is **your responsibility** to see that any **old carpet or remnants are carried off the property**. The Association is not responsible for the removal of carpeting. There is a **100.00** fee charged by the Association for carpet removal.
4. You understand that move-in/out and delivery hours are between 9:00 a.m. and 4:00 p.m., Monday through Friday. There are no move-ins/outs on Saturday, Sundays or National Holidays.
5. You also understand that there is a \$300.00 move-in fee that must be paid prior to moving in.
6. You understand that you are to provide white backings against all windows in your unit.
7. You have received and read the 1A Association Rules & Regulations.
8. You understand that patio furniture, electric, gas and charcoal BBQ grills, plants and flowers are the only items allowed on the patio.
9. You understand that bikes must be kept in the bike room, chained and that you must receive a bike decal from the office.
10. You understand that you must be current in your assessments, by the 15th of the month in order to use the clubhouse or any other amenities offered by HOA.
11. You understand that the Association recommends that you exterminate your unit prior to moving your belongings in.
12. You understand that you must receive all keys from the seller. Any additional keys must be purchased at the management office.
13. You understand that the seller must show you where your storage and garage spaces are located.

Board Member

Homeowner

Date

Building and Unit Number



The Park of River Oaks IA Association

200 Park Avenue, Suite 724, Calumet City, Illinois 60409, T. 708-730-6800, F. 708-730-1884

EMAIL > MANAGEMENT@THEPARKOFRIVEROAKSIA.COM

BOARD OF DIRECTORS

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Juanita Pratt
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MOVE-IN/MOVE-OUT PICK-UP/DELIVERY

Date: _____

Residents Name: _____ Bldg/Unit: _____

We request that you schedule an appointment with the office by completing and returning this form so that your move-in/out or pick-up/delivery may take place in the smoothest possible manner with the least possible confusion.

Check One: Move-in _____ Move-out _____ Pick-up _____ Delivery _____

Name of Moving Company _____ Move-in/out or Pick-up/Delivery Date _____ Time on & off property _____

Rules for Move-In/Outs and Deliveries: Fees paid to the Association:

ALL MOVING TRUCKS MUST BE ON THE PROPERTY TO START A MOVE BEFORE 12:00PM. ALL MOVES MUST BE COMPLETED BY 4:00 PM. FAILURE TO COMPLETE THE MOVE BY 4:00 PM. FORFIETS THE DEPOSIT FEE OF \$200.00. MOVING FEES ARE PAYABLE IN MONEY ORDERS ONLY. NO CHECKS.

The 1A moving fee is \$300.00 and is payable before any move-in/out. \$200.00 is refundable if no damages occur and the move is completed by 4:00 PM.

Hours for move-in/out and pick-up/deliveries:

- 1) All Associations Monday through Friday 9:00 AM until 4:00 PM.
- 2) All Associations No Saturday / Sunday / National Holiday moves.
- 3) All Associations are allowed pick-up/deliveries Monday through Saturday---9:00 AM until 4:00 PM. No Deliveries on Sunday's or National Holidays.

I, understand that the unit owner is responsible for any and all damage caused to personal property and/or the building as a result of my moving activities.

Resident's Signature: _____ Date: _____