

ASSOCIATION:

ADDRESS: _____

Application is hereby made for approval of the Purchase/Lease of the above condominium unit from
(Name of Current Owner) _____. I/We represent
that the following information is true and consent to your further inquiry concerning the information.
(Note: Blank spaces or lack of complete names and addresses could result in a delay in approval of your application and/or closing.)

Applicant Name _____ Age ____ DOB _____

Automobile(s) (make/model) _____

Driver's license # _____

Spouse's name _____ Age ____ DOB _____

Present address _____

Phone # _____

Number of persons to occupy unit _____

Names and ages of all occupants _____ Age ____

_____ Age ____

NO Pets Allowed

If Sale, complete this section:

Proposed date of closing: _____ Realtor Name _____

Company Name: _____ Phone & fax #'s _____

Complete Name and address of Title Company or attorney handling the closing: _____

Address of owner after closing (if different from unit): _____

Phone #: _____

Have you received a set of Condominium Documents? Yes ____ No ____

If Lease, complete this section:

Date of Lease From _____ To _____

Should this application be accepted, the undersigned hereby agree(s) to abide by the Rules & Regulations of the Condominium and any amendments thereto. If I/we am/are a tenant, I/we understand a violation can result in a revocation of approval, and I/we will thereupon be required to vacate. The owner will be required to meet their fiduciary responsibility to the Association. In the event that the unit becomes delinquent the Association will collect the rent from the tenant. This application to be fill out completely and submitted no less than 15 days prior to occupancy. NO EXCEPTIONS.

Date: _____ Applicant signature _____

Date: _____ Owner signature _____ occupational license # _____

Date: _____ Company/Agent _____ occupational license # _____

This approval is contingent upon all financial matters with the Condominium Association referenced above (including, but not limited to, maintenance fees, assessments, and late fees being paid in full through the date of closing or the approval date.)

Board of Directors signatures for approval:

Date approved _____ by _____ Director

Please fill out and return to:

\$15 Application Fee