



Person #2 cont'd

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Children's Names and Ages If Applicable \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Have you even been convicted of a felony" ( )Yes ( ) No

Have you ever filed for bankruptcy? Yes ( ) No ( )

If yes list when and where: \_\_\_\_\_

**VEHICLES**

List All Vehicles Owned:

Vehicle 1: Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Tag # \_\_\_\_\_

Vehicle 2: Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Tag# \_\_\_\_\_

Vehicle 3: Year \_\_\_\_\_ Make/Model \_\_\_\_\_ Tag # \_\_\_\_\_

**PET INFORMATION**

NO MORE THAN TWO PETS ARE ALLOWED PER UNIT. REFER TO THE COVENANTS AND RULES & REGULATIONS OF THE ASSOCIATION REGARDING PET RESTRICTIONS.

PLEASE FURNISH A PHOTO OF YOUR PET.

Breed of Pet \_\_\_\_\_ Weight of Pet \_\_\_\_\_ Color of Pet \_\_\_\_\_

Breed of Pet \_\_\_\_\_ Weight of Pet \_\_\_\_\_ Color of Pet \_\_\_\_\_

( ) I (We) hereby certify that the above information provided is true and correct and is provided solely for the purpose of obtaining credit and/or personal reference and all information obtained will be held in strict confidence. I realize that any false information may result in denial of sale/lease by the Association or its Agent.

( ) I (We) hereby acknowledge that I have received a copy of the **Declaration, Bylaws and Rules & Regulation**, and I understand that violation of these documents can be cause for a fine or court action.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **AGENT INFORMATION**

Name of Agent: \_\_\_\_\_

Telephone of Agent \_\_\_\_\_ Agency Name: \_\_\_\_\_

Purchase Price of Unit: \_\_\_\_\_ Anticipated Closing Date: \_\_\_\_\_

### **CLOSING INFORMATION**

Mail Consent to Transfer to (Agency) \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_