

**PUNTA RASSA CONDOMINIUM
REQUEST TO PURCHASE APPLICATION FORM**

A \$100.00 BACKGROUND CHECK APPLICATION MUST ACCOMPANY THIS FORM.

(Please type or print) Building _____ Unit No. _____

APPLICANT INFORMATION

PERSON #1

Name _____

Resident Address: _____

City _____ State _____ Zip _____

License I.D. No: _____

Social Security No: _____ Date of Birth: _____

Residence Phone: (____) _____ Cell Phone: (____) _____

Cell Phone: (____) _____

E-Mail Address: _____

Children's Names and Ages If Applicable _____

Occupation: _____

Place of Employment: _____

Employer's Phone: _____

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

If yes, list charges _____

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

If yes list when and where: _____

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PERSON #2

Name _____

Resident Address: _____

City _____ State _____ Zip _____

License I.D. No: _____

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 _____

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() 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: _____