

**Isles of Sarasota Homeowners Association, Inc.**  
**5901 Benevento Drive**  
**Sarasota, Fl. 34238**  
**Ph: 941-922-1298 Fax: 941-922-1501**

**APPLICATION TO PURCHASE**

TO: The Board of Directors, Isles of Sarasota Homeowners Association, Inc.

I hereby apply for approval to Purchase \_\_\_\_\_, in Isles of Sarasota Homeowners Association, Inc. **A complete copy of the signed Purchase Agreement is attached.**

**Closing Date To Be On or Before:** \_\_\_\_\_

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the reference given below.

Application Fee of \$50.00 payable to Isles of Sarasota Homeowners Association, Inc.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

1. Full Name of Purchaser: \_\_\_\_\_

2. Full Name of Spouse: \_\_\_\_\_

3. Address of Unit Purchased \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

4. Legal Residence if Different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Nature of Business/Profession: \_\_\_\_\_

If retired, former Profession: \_\_\_\_\_

6. Company Name: \_\_\_\_\_

7. Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. Business Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

9. The Documents of Isles of Sarasota Homeowners Association, Inc. provide an obligation of unit owners/lessees that all units are to be used as single-family residence only. Please state name, relationship, and age of all other persons who will be occupying the unit on a regular basis:

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

10. Name of Current or Most Recent Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ownership: How Long \_\_\_\_\_ Rented: How Long \_\_\_\_\_

11. Person to be notified in Case of an Emergency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

12. Make/Model of Car(s) to be kept at Isles of Sarasota Homeowners Association, Inc.  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

13. Mailing address for notices connected with this application:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. I have read, and agree to abide by, the Declaration of Covenants, Conditions and Restrictions for Isles of Sarasota, the By-Laws and any and all properly promulgated Rules & Regulations of Isles of Sarasota Homeowners Association, Inc.

15. If not provided by seller, purchaser agrees to purchase The Declaration, Covenants, Conditions and Restrictions for Isles of Sarasota and By-Laws Document Book for \$100.00, check payable to The Isles of Sarasota Homeowners Association, Inc.

\_\_\_\_\_/\_\_\_\_\_  
Seller Purchaser  
\_\_\_\_\_/\_\_\_\_\_  
Seller Purchaser

**FOR APPROVAL CONSIDERATION, THE FOLLOWING IS REQUIRED:**

**1. THIS FORM FULLY COMPLETED**  
**2. APPLICATION FEE OF \$50.00 (made payable to The Isles of Sarasota HOA)**  
**3. A COPY OF THE SIGNED PURCHASE CONTRACT**  
**4. SIGNED ACCEPTANCE OF RULES & REGULATIONS**

**PLEASE SUBMIT ALL TO:**  
**Isles of Sarasota Homeowners Association, Inc.**  
**c/o Argus Property Management**  
**5901 Benevento Drive**  
**Sarasota, FL 34238**

**PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR APPROVAL**

**ACTION TAKEN BY BOARD OF DIRECTORS**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_

By \_\_\_\_\_ / \_\_\_\_\_  
(Board Member) (Office)