

CONCORD ARMS CONDOMINIUM ASSOCIATION

APPLICATION FOR PURCHASE

SPECIAL NOTE: This request for Buyer approval of must be in the possession of the Board of Directors at least 15 days prior to move in. A copy of the sale agreement must accompany this request. Applicant must read the Rules & Regulations and Condominium/Homeowner Documents before interview. Please submit all information to Monarch Association Management at the following address:

Concord Arms Condominium Association, Inc.
c/o: Monarch Association Management, Inc.
500 Alternate 19 South
Palm Harbor, FL 34683
727-204-4766 • cindy@monarcham.com

THERE IS A \$150.00 NON-REFUNDABLE APPLICATION WHICH MUST ACCOMPANY THIS APPLICATION. ALL CHECKS MADE PAYABLE TO: Monarch Association Management.

Buyer(s) Name: _____

Purchasing Address: _____

Contact Phone(s): _____
Home

Cell

Closing Date: _____

Application Information:

(If more than two people will occupy, attach a separate sheet as an addendum)

1) _____
Name S.S. # DOB

2) _____
Name S.S. # DOB

Current Address: _____

Current Contact Phone(s): _____

Employer(s) names/address: _____

References:

1) _____
Name Address Phone #

2) _____
Name Address Phone #

Bank References:

- 1) _____
- 2) _____

Vehicle(s):

- 1) _____
- | Year | Make | Model | Tag # |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
- 2) _____
- | Year | Make | Model | Tag # |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |

Pet(s) (if permitted):

- 1) _____
- | Type | Breed | Weight | Name |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |
- 2) _____
- | Type | Breed | Weight | Name |
|-------|-------|--------|-------|
| _____ | _____ | _____ | _____ |

***Please supply photo of each pet along with initial vaccine records**

Real Estate Agent (if applicable):

Name	Phone
_____	_____

I/We hereby authorize TENANT SCREENING NOW to perform a background screening. Please complete the attached form.

Signature Date

Signature Date

Buyer(s) states they have received a copy of the Rules and Regulations and has read, understands and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

Signature Date

Signature Date

BOARD USE ONLY

Copy of Sale Agreement attached: _____ yes _____ no

Application Fee Paid: _____ yes _____ no

Interviewed By: _____

Approved: _____ **Disapproved:** _____

BOD Signature Date

Landlord/Owner Name _____ Date: _____

Rental Property Address _____

(*Use Black Ink and Print Clearly*)

(*Rental Amount: \$ _____ *)

Standard Services

☐ National Credit Single

☐ National Credit Married

☐ Tenant Pay Form Attached

Additional Services (per applicant)

☐

☐

☐ State of FL Criminal

☐ State of _____ Criminal

☐ National Criminal

I/We hereby allow Tenant Check and TENANT SCREENING NOW and/or the property owner/manager to inquire into my/our credit file, criminal, rental and employment history. I/We understand that on my/our credit file it will appear that Tenant Check and TENANT SCREENING NOW has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future. **If an incorrect SS# is submitted applicant will be subject to a second application fee.** All application fees are non-refundable. Your deposit is refundable if you are not accepted, however, if you are verbally accepted and then decide not to take the property your deposit is **not** refundable.

Applicant

☐ Single ☐ Married ☐ Married to Co-Applicant

SS# _____

Full Name _____

Date of Birth _____

Current Address _____

Email _____ Ph # _____

Landlord Name _____

Phone # _____ Rent \$ _____

Employer _____

Occupation _____

Supervisor _____

How long _____ Work # _____

Gross Monthly Income \$ _____ (before tax)

Monthly Debt (loans/car payment) _____

Collections on your credit report? ☐ Yes ☐ No

Are you currently in the military? ☐ Yes ☐ No

Evictions? ☐ Yes ☐ No (Year _____)

Bankruptcy last 5 years Yes No

DL # _____ (State _____)

Signature _____

Co-Applicant

☐ Spouse ☐ Roommate or ☐ Co-Signer

SS# _____

Full Name _____

Date of Birth _____

Current Address _____

Email _____ Ph # _____

Landlord Name _____

Phone # _____ Rent \$ _____

Employer _____

Occupation _____

Supervisor _____

How long _____ Work # _____

Gross Monthly Income \$ _____ (before tax)

Monthly Debt (loans/car payment) _____

Collections on your credit report? ☐ Yes ☐ No

Are you currently in the military? ☐ Yes ☐ No

Evictions? ☐ Yes ☐ No (Year _____)

Bankruptcy last 5 years Yes No

DL # _____ (State _____)

Signature _____