

**Sea Island North III Condominium Association, Inc.**

**APPLICATION FOR SALE**

*Application fee of \$100 for all sales and Leases, checks should be made payable to Sea Island North III Condominium Association, Inc.. Please provide a copy of the purchase contract / lease agreement.*

I/We, \_\_\_\_\_ the prospective Buyer(s)/Tenant(s) of Unit \_\_\_\_\_ at Sea Island North III Condominium Association, Inc., that is currently owned by \_\_\_\_\_ hereby allows **TENANT CHECK**, and/or the property owner/manager to inquire into my/our credit file, criminal and civil history to obtain information. I/We understand that on my/our credit file it will appear that **TENANT CHECK** has made an inquiry. I/We cannot claim any invasion of privacy against them now or in the future

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**APPLICANT'S INFORMATION**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Email(s): \_\_\_\_\_

To receive Association Correspondences via email, please initial here: \_\_\_\_\_

Present Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Rent: Y / N – Landlord Name/Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

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

How long: \_\_\_\_\_ Supervisor Name/Phone Number: \_\_\_\_\_

**APPLICANT'S INFORMATION**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Email(s): \_\_\_\_\_

To receive Association Correspondences via email, please initial here: \_\_\_\_\_

Present Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Rent: Y / N – Landlord Name/Phone Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_

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

How long: \_\_\_\_\_ Supervisor Name/Phone Number: \_\_\_\_\_

**REFERENCES**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

**NAMES AND AGES OF PERSON(S) OCCUPYING IN THE UNIT:**

*Many Associations have restrictions on the number of individuals occupying the unit; please check the Association By-Laws to ensure that you will be in compliance.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

**VEHICLE INFORMATION:**

*Many Associations have restrictions on different types and number of Vehicles, please review the Association's By-Laws to ensure that you will be in compliance, and please be aware that any vehicle restricted by the By-Laws of the Association can be towed at the owner's expense.*

Make/Model: \_\_\_\_\_ License Number: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ License Number: \_\_\_\_\_  
Make/Model: \_\_\_\_\_ License Number: \_\_\_\_\_

**Corporate record information and other matters related to the Association:**

*Florida Statutes requires the Association to maintain a current roster of owners and occupants of the complex. The purpose of this section of the application is to update the corporate record the Association.*

**Mailing address if different from property address for matters related to the Condominium.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**This number will not be give out, it will only be used in the event of an emergency in case you need to be contacted.**

This application is for Unit: \_\_\_\_\_

In case of an emergency, please notify: \_\_\_\_\_

Please return this completed application to:

**Sea Island North III Condominium Association, Inc.  
c/o Monarch Association Management, Inc.  
500 Alt. 19 South ♦ Palm Harbor, FL 34683**

**Documents & Agreement:** I/We have received and read the Condominium Rules and Regulations and the Declaration of Condominium, Articles of Incorporation and By-Laws and I/we agree to abide by same.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-applicant

Association Use Only		
( ) Approved      ( ) Disapproved		
By: _____	_____	_____
Signature	Title	Date