

HIGHLAND LAKES MODEL CONDOMINIUM ASSOCIATION, INC.
PURCHASE APPROVAL APPLICATION

NOTE: \$100 application fee must accompany this form

ASSOCIATION MANAGEMENT COMPANY:

Monarch Association Management, Inc.

500 Alternate 19 South
Palm Harbor, FL 34683
(727) 204-4766

cindy@monarcham.com

RESTRICTIONS: Minimum Lease Period: No less than ninety (90) days.

NO PETS

No one under 55 years of age

Date: _____ Phone Number: _____

Present Owner: _____ Email: _____

Address: _____

Purchaser's Personal Information: List Residents Individually

Name: _____ Phone#: _____

Name: _____ Phone#: _____

Address: _____

Length of time at present address: _____

Automobile Information: Year: _____ Make: _____ Model: _____ Tag#: _____

Purchase Information:

Realtor Name: _____ Phone: _____

Address: _____ Email: _____

Proposed closing date: _____

Do you intend to lease the unit? () Yes () No

DOCUMENTS AND AGREEMENT

I have received a copy of the Association's Articles of Incorporation, By-Laws, and/or Homeowner's Rules & Regulations, and I agree to abide by these documents.

If I intend to lease my unit, the tenant must submit an application for lease and obtain approval **PRIOR** to moving in.

Purchaser's signature: _____ Date: _____

Purchaser's signature: _____ Date: _____

Approved by Highland Lakes Model Condominium _____

Distribution of Approval Form:

1. The purchaser must return the Association Approval Form to Monarch Association Management, 500 Alternate 19 South, Palm Harbor, FL 34683.
2. After approval by Highland Lakes Model, the Association Approval Form will be kept in the records at Monarch Association Management.
3. Monarch Association Management will keep the original copy of the Association Approval Form, and the closing agent will receive a signed copy of the approval.

FAIR HOUSING ACT - CENSUS
HIGHLAND LAKES MODEL CONDOMINIUM

I am/will be a permanent occupant of Unit # _____ Palm Harbor, FL 34684 located at Highland Lakes Model Condominium Association, Inc.

I understand that the Association is required by Federal Law to have this census form on file in the Official Records in order for the Association to qualify for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988 and the Housing for Older Persons Act of 1995. (This form is restricted from viewing of Official Records except by proper authority).

The following information is true and correct:

A. As of the date shown on this affidavit, there was at least one (1) person occupying this unit who was age 55 or older.

YES _____ NO _____

B. Has the occupancy of this unit changed since September 12, 1988?

YES _____ NO _____

C. Please identify the occupant who is over 55 years of age:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

D. Please identify all other occupants:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

E. I have provided one of the following as proof of age for all occupants 55 years or older and a copy of this document is attached hereto for the Association's records.

(check one)

_____ Birth Certificate _____ Driver's License _____ Medicare card

_____ Voter's Registration card _____ other (please specify)

DATED THIS _____ DAY OF _____ 20_____.

PRINT NAME

SIGNATURE