

THE CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST, INC.

**APPLICATION FOR PURCHASE**

PLEASE ALLOW THREE WEEKS FOR PROCESSING

PLEASE PRINT

**HOMEOWNER INFORMATION**

UNIT # \_\_\_\_\_ OWNER(S) \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ E:MAIL ADDRESS: \_\_\_\_\_

REALTOR/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

HOMEOWNER INSURANCE CO \_\_\_\_\_

PROPOSED CLOSING DATE \_\_\_\_\_

**APPLICANT INFORMATION**

ANY UNIT TO WHICH TITLE HAS BEEN TAKEN ON OR AFTER OCTOBER 1, 2005 SHALL NOT BE LEASED DURING THE INITIAL YEAR OF OWNERSHIP OF THAT UNIT.

**(All Adults 18 years of age and older must fill out a separate Application)**

**ALL ADULTS** (18 years of age and older) THAT WILL BE OCCUPYING THE UNIT MUST SUPPLY THE FOLLOWING INFORMATION AND BE INTERVIEWED.

NAME \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DL# \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ E:MAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE# \_\_\_\_\_

IF RETIRED: FORMER OCCUPATION \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

NAMES AND RELATIONSHIP OF ALL PERSONS WHO WILL OCCUPY THE UNIT:

HAVE YOU OWNED OR RENTED A UNIT IN PINE BAY FOREST PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, RENTED \_\_\_\_\_ OWNED \_\_\_\_\_ UNIT # \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

(Continued on Page 2)

PLEASE NOTE: **NO TRUCKS (any vehicle which has a bed)** REFER TO "FOREST PATHWAYS"

VEHICLES: MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG \_\_\_\_\_  
MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG \_\_\_\_\_

PLEASE NOTE: **ONLY ONE DOG ...FULL GROWN 30 LB LIMIT** REFER TO "FOREST PATHWAYS"

DESCRIPTION OF PET TYPE \_\_\_\_\_ WEIGHT \_\_\_\_\_

BANK REFERENCES:

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

PERSONAL REFERENCES:

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

Article IX, 9.6 of the Condominium Owners Association of Pine Bay Forest, Inc. Declaration of Condominium requires the Association to maintain a registry of Mortgages. This information is required for insurance purposes. Please answer the questions below:

Name of proposed Mortgagor(s)(if any): \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_ Amount and terms of Mortgage(s): \_\_\_\_\_

\*I/we authorize the board of directors or its authorized agents to investigate my/our background which may include credit.

\*I/we enclose the \$100.00 fee with this application. Make check payable to Pine Bay Forest Condominium Association, Inc.

\*I/we will notify management of the closing of the sale immediately after said transaction, including a copy of the deed and the name and address of the mortgage company if changed from above mortgage information.

**\*I/we received and read the rules and regulations in the "Forest Pathways" book and agree to abide by them. (All Adults 18 years of age and older must fill out a separate Application)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT  
DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF CO-APPLICANT  
DATE: \_\_\_\_\_

ASSOCIATION APPROVAL: APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE TITLE DATE

RETURN TO: Community Association Management by Stacia, Inc.  
1800 2nd St. Suite 853,  
Sarasota, FL 34236  
Office (941) 315-8044 FAX (941) 870-5490 email: office@cam-ss.com