

# APPLICATION FOR TRANSFER OF OWNERSHIP

THIS FORM **MUST** BE EXECUTED PRIOR TO CLOSING AND BE ACCOMPANIED BY A COPY OF APPLICANT(S) DRIVER'S LICENSE

Name of Association: \_\_\_\_\_

Date: \_\_\_\_\_

Name(s) of all to appear on deed: \_\_\_\_\_

Other Occupants: \_\_\_\_\_

(Name) (Age) (Relationship)

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(Name) (Age) (Relationship)

Street Address of property \_\_\_\_\_

Closing Date: \_\_\_\_\_

Current Address of buyer: \_\_\_\_\_

Current Phone number of buyer: \_\_\_\_\_

New Phone number of buyer: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing address after closing will be: \_\_\_\_\_

Have any future residents of this property, be it owner or tenant, ever been charged or convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide details: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Convicted in State of \_\_\_\_\_

*In order to facilitate consideration of this application, I (we) represent that all information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.*

By: \_\_\_\_\_

Applicant Signature

By: \_\_\_\_\_

Applicant Signature

**PLEASE FORWARD TO:**  
KPG Accounting Services, Inc.  
3400 Tamiami Trail N. #302  
Naples, FL 34103-3717  
Tel: (239) 434-8866