

SEASIDE III AT PELICAN SOUND NEIGHBORHOOD ASSN., INC.

APPLICATION FOR APPROVAL TO PURCHASE

DATE: _____ UNIT #: _____

CURRENT UNIT OWNER: _____

In order to facilitate consideration of this application, I (We) represent that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full name(s) of Applicant(s): _____

2. Full name(s) of Applicant's (Spouse) if not listed above: _____

3. Home Address: _____

Telephone: Home _____ Work _____

Cell _____ Email _____

4. Nature of Business or Profession of all applicants listed above (If retired, former business or profession):

5. Company or Firm Name: _____ Position occupied: _____

6. Business Address: _____

7. The governing documents for the above-referenced home provide an obligation of unit owners that all units are for single family residence use only. Please state the name, relationship, age and occupation of all other persons who will be occupying the unit:

Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Three (3) personal references (local if possible). **Please attach 3 reference letters to this application.**

Name _____ Address _____

City/State _____ Zip _____ Phone # _____

Name _____ Address _____

City/State _____ Zip _____ Phone # _____

Name _____ Address _____

City/State _____ Zip _____ Phone # _____

