

# HERITAGE VILLAGE WEST CONDOMINIUM ASSOCIATION

## APPLICATION FOR PURCHASE or LEASE – please circle one

PLEASE ALLOW TWO WEEKS FOR PROCESSING

### PLEASE PRINT OR TYPE HOMEOWNER INFORMATION

UNIT OWNER \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

UNIT ADDRESS \_\_\_\_\_

REAL ESTATE OR RENTAL AGENT: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CLOSING DATE \_\_\_\_\_ LEASE DATES FROM: \_\_\_\_\_ TO: \_\_\_\_\_

### APPLICANT INFORMATION

NAME \_\_\_\_\_ SPOUSE/CO-OCCUPANT \_\_\_\_\_

D/O/B \_\_\_\_\_ SS# \_\_\_\_\_ D/O/B \_\_\_\_\_ SS# \_\_\_\_\_

**COPY OF DRIVER LICENSE MUST BE ATTACHED TO APPLICATION**

#### CURRENT

ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PH# \_\_\_\_\_

OWN \_\_\_\_\_ RENT \_\_\_\_\_ IF RENT LANDLORD NAME \_\_\_\_\_ PH# \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

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

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

ANYONE OVER THE AGE OF 18 THAT WILL OCCUPY THE UNIT WILL NEED TO BE LISTED AS A CO-OCCUPANT AND COMPLETE THE APPLICATION PROCESS. NAME, AGES AND RELATIONSHIP OF ANY OTHER PERSONS WHO WILL OCCUPY THE UNIT: \_\_\_\_\_

PERSONAL REFERENCE: NAME \_\_\_\_\_ PHONE: \_\_\_\_\_

\* I /WE / AM / ARE AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS ON THIS APPLICATION WILL RESULT IN AUTOMATIC REJECTION.

\* I/WE AUTHORIZE THE BOARD OF DIRECTORS OR ITS AUTHORIZED AGENTS TO INVESTIGATE MY (OUR) BACKGROUND AND CREDIT REPORT.

\* I/WE HAVE READ THE DOCUMENTS AND RULES & REGULATIONS AND AGREE TO ABIDE BY THEM. **Please Note: Owners are not permitted to lease their Unit during the first two years of ownership. After two years, lease periods are for a minimum of three months. No person may own more than two units.**

\* A \$150.00 NON-REFUNDABLE FEE, PAYABLE TO DELLCOR MANAGEMENT, **MUST** ACCOMPANY THIS APPLICATION.

SIGNATURE OF APPLICANTS \_\_\_\_\_ SIGNATURE OF OWNERS / AGENT \_\_\_\_\_

PRINT NAME OF APPLICANTS \_\_\_\_\_ PRINT NAME OF OWNERS / AGENT \_\_\_\_\_

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

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

RETURN TO: DELLCOR MGMT, 310 PEARL AVE., SARASOTA, FL 34243 (941) 358-3366 penny@dellcor.com