

Hammock Pine Village 1 Condominium Association

Application for Purchase/Lease of Condominium

Please submit completed form with \$100 Processing fee made payable to Hammock Pine

Village 1 Condominium Association to Management & Associates,

720 Brooker Creek Blvd. #206, Oldsmar, FL 34677

(813) 433-2000 (877) 626-2435 Fax (813) 433-2040

Please be advised that an Interview will be conducted as part of the Approval Process

This application is for (please check one) _____ Purchase _____ Lease

Property Address: _____

Name of Present Owner: _____

Mailing Address of Owner: _____

PERSONAL DATA ON PURCHASER/LESSEE

Name: _____ Date of Birth _____ Home Phone _____

Name: _____ Date of Birth _____ Home Phone _____

E-mail Address: _____

Purchaser(s) represent that the following is true and correct and consent to further inquiry any information that is necessary for this request.

Person(s) who will occupy the above unit are as follows:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Employed by: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Phone: _____

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Automobiles

Make/Model: _____ Year: _____ License Plate _____

Make/Model: _____ Year: _____ License Plate _____

Current Address _____ How Long _____

Current Landlord _____ Phone _____

Employer _____ How Long Employed _____

Phone _____ Occupation _____

Spouse or Roommate Employer _____ How Long _____

Phone _____ Occupation _____

PURCHASE/LEASE DATE

Name of Realtor _____

Address _____

Phone _____ E-mail address _____

Proposed Closing/Move-In Date (If lease, include expiration) _____

SELLER SIGNATURE

PURCHASER(S) SIGNATURE

DATE _____

OWNER SIGNATURE

LESSEE(S) SIGNATURE

DATE _____

BOARD OF DIRECTOR SIGNATURE/APPROVAL TITLE

DATE _____