

RESALE APPLICATION
PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING

Date _____ Property Address _____

IMPORTANT CONCERNING APPLICANT:

NAME: _____ AGE: _____ SOC. SEC# _____

PRESENT ADDRESS: _____

DO YOU INTEND TO OCCUPY THE HOUSE? YES ___ NO ___ PHONE _____

SPOUSE'S NAME _____ AGE: _____ SOC. SEC# _____

OF CHILDREN _____ NAMES & AGES _____

OCCUPANTS OTHER THAN IMMEDIATE FAMILY: NAME _____

RELATION _____ AGE _____

APPLICANTS EMPLOYER _____ PHONE _____ TITLE _____

NUMBER OF YEARS _____ ADDRESS _____ SUPERVISOR _____

SPOUSES' EMPLOYER _____ PHONE _____ TITLE _____

NUMBER OF YEARS _____ ADDRESS _____ SUPRVISOR _____

PET: YES ___ NO ___ TYPRE & WEIGHT _____

NEAREST RELATIVE IN CASE OF EMERGENCY _____

PHONE _____ RELATIONSHIP _____

I (WE) FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.

I (WE) HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES AND REGULATIONS OF LAKEFOREST AT ST. LUCIE WEST H.O.A. INCE, A COPY OF WHICH WAS RECEIVED FROM THE SELLER.

IF SELLER FAILS TO PROVDE A SET OF DOCUMENTS TO LEASEE, A COPY MAY BE OBTAINED FROM ASSOCIATION MANAGEMENT AT A COST OF \$50.00.

OWNER AGREES THAT THE TERMS OF THE ATTCHED CONTRACT ARE WITHIN THE REQUIREMENTS OF LAKEFOREST AT ST. LUCIE WEST H.O.A. INC. RULES & REGULATIONS.

I AGREE THAT I WILL NOT RENT TO ANY PERSON WHO HAS NOT BEEN APPROVED BY THE ASSOCIATION. RENTERS ARE NOT PERMITTED TO SUB-LEASE THEIR PREMISES.

PURCHASER _____ DATE _____

PURCHASER _____ DATE _____