

REQUEST FOR OWNERSHIP TRANSFER OR LEASE APPLICATION FORM

CARROLLWOOD CROSSING POA

NOTE: COPY OF SALES OR LEASE CONTRACT MUST BE ATTACHED ALONG WITH A CHECK FOR THE APPLICATION FEE OF \$100.00 PER APPLICANT

| | | | |
|------------------------|--------------|-----------------------|----------------|
| * FIRST NAME | *MIDDLE NAME | *LAST NAME | *DATE OF BIRTH |
| | | | |
| SOCIAL SECURITY NUMBER | - - | *DRIVE LICENSE NUMBER | - - - - |

| | | | |
|------------------------|--------------|-----------------------|----------------|
| * FIRST NAME | *MIDDLE NAME | *LAST NAME | *DATE OF BIRTH |
| | | | |
| SOCIAL SECURITY NUMBER | - - | *DRIVE LICENSE NUMBER | - - - - |

NO PETS ALLOWED OVER 40 LBS

DO YOU HAVE PETS ____ YES ____ NO WHAT BREED _____ HOW MANY ____
 *HOW MANY PEOPLE ARE PLANNING TO LIVE AT THIS ADDRESS _____

LIST ALL OCCUPANTS:

| *COMPLETE LEGAL NAME | RELATIONSHIP | AGE |
|----------------------|--------------|-----|
| | | |
| | | |
| | | |
| | | |

ADDRESSES:

| | ADDRESS | APT. # | CITY | ST | ZIP CODE | PHONE# |
|----------|---------|--------|------|----|----------|--------|
| *PRESENT | | | | | | |
| LAST | | | | | | |

LANDLORDS:

| | NAME | PHONE | DATE IN/DATE OUT | RENT PAID |
|---------|------|-------|------------------|-----------|
| PRESENT | | | | |
| LAST | | | | |

EMPLOYER (IF EMPLOYED)

| | NAME | ADDRESS | PHONE | DATE IN | DATE OUT | SALARY |
|----------|------|---------|-------|---------|----------|--------|
| PRE-SENT | | | | | | |

EMPLOYER'S DETAILS (IF EMPLOYED):

| | POSITION | SUPERVISOR | PHONE | REASON FOR LEAVING |
|---------|----------|------------|-------|--------------------|
| PRESENT | | | | |

AUTOS

| AUTO # | OWNED LEASED | MAKE | MODEL | YEAR | LICENSE PLATE # |
|---------------|---------------------|-------------|--------------|-------------|------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

HAVE YOU EVER:

BEEN EVICTED _____ **YES** _____ **NO**

BEEN CONVICTED OF A FELONY _____ **YES** _____ **NO**

Purchaser(s) acknowledges receipt of all HOA documents including the bylaws and rules and regulations, and has read, understood and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association. To authorize the Association to investigate the credit and criminal background of the applicant. This investigation may include obtaining information as to applicant's credit capacity, general credit reputation, character, mode of living, which ever may be applicable. It will also include full US third party criminal background check. This approval is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, legal fees and application fees having been paid in full or will be paid by closing agent at the time of the closing of this sale.

Potential tenants will also authorize the Association to investigate the criminal background of applicant by a third party institution.

I represent that the information contained in this application is true and complete to the best of my knowledge. I hereby authorize verification or re-verification of any information contained in this application to be made at any time by the property owner, its agents, successors, and assigns, either directly or through a credit reporting agency from any source named in this application. The property owner will rely on information in this application, and I have a continuing obligation to amend and/or supplement this information should it change at any time either before or during my tenancy. This application will be incorporated by reference as a part of my rental agreement, and any false statement will be grounds for immediate termination of tenancy.

Date: _____ **Signature Applicant:** _____

Date: _____ **Signature Landlord/Seller:** _____

DO NOT WRITE BELOW

PROPERTY ADDRESS: _____

MOVE IN DATE: _____

RENT \$ _____

NOTES: _____
