

BELLA VILLINO IV CONDOMINIUM ASSOCIATION

A Corporation Not-for-Profit

C/o PROGRESSIVE COMMUNITY MANAGEMENT, INC.

3701 South Osprey Avenue

Sarasota, Florida 34239

Phone: (941) 921-5393 Fax: (941) 923-7000

APPLICATION FOR SALE OF UNIT AND APPROVAL

PLEASE PRINT ALL INFORMATION

A non-refundable fee of \$100.00 must accompany this application, payable to Bella Villino IV Condominium Association, Inc. The undersigned proposes to sell Unit No _____ Section _____
Mailing Address: _____

To (Purchaser): _____, identified below, and the undersigned does hereby apply for approval of this sale by Bella Villino IV Condominium Association, Inc. to which the following information is submitted.

“Attached herewith is a copy of the executed Sales Contract. I understand that any outstanding sums due to Bella Villino IV Condominium Association, Inc. must be paid prior to closing.”

Attach Copy of Sales Agreement.

Seller: _____ Seller: _____

PURCHASER’S STATEMENT

Buyer’s Name: _____ Spouse Name: _____

Buyer’s SS#: _____ Spouse SS#: _____

Buyer’s DOB: _____ Spouse DOB: _____

Buyer’s Dr. Lic. #: _____ Spouse Dr. Lic. #: _____

Present Home Address: _____ City: _____ ST: _____ Zip: _____

Home Telephone Number: _____

Business Phone Number: _____

Business or Profession (Present or Former): _____

Position Occupied: _____ Active or Retired: _____

Bank References and Credit References:

Name of Real Estate Company/Agent: (if any) _____ Phone: _____

Other Persons who will occupy the unit with you:

Name: _____ Age: _____ Relationship: _____

1. Vehicle Information: How many: _____

Make: _____ Model: _____ Year: _____ State: _____ Tag: _____

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“I hereby authorize Bella Villino IV Condominium Association to obtain a consumer report, and any other information it deems necessary for the purpose of evaluation of my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with the update, renewal, extension or collection with respect or in connection with the rental or lease of residence for which this application was made. I hereby expressly release Bella Villino Condominium Association, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or federal government agencies including without limitation, various law enforcement agencies.”

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____

Social Security #: _____ Date of Birth: _____

Signature: _____ Date: _____