

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: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

1. Vehicle Information: How many: _____

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

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

Pet Rules:

BV I, BV III: 1 Pet is permitted. BV II, BV IV, BV V, BV VI: 2 Pets permitted. Must be leashed and owner responsible for disposal of all excrement from all areas. Do you have a pet(s)? Yes _____ No _____ Type of Pet _____
Weight of pet _____

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Frequently Asked Questions and Answer Sheet and Rules and Regulations of Bella Villino Condominium Association, Inc. I understand my responsibilities as an owner and agree to abide by the provisions of said documents.

_____ Date of Closing	_____ Signature of Applicant / Purchaser	_____ Date
_____ Closing Agent	_____ Telephone Number	_____ Date

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless Progressive Community Management, Inc. and all providers of information on the prospective buyer(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance of this purchase, (whether determination is made before or after my date of occupancy), may be affected.

_____ Date	_____ Signature of Applicant
_____ Date	_____ Signature of Applicant

Action of Board of Directors

Date: _____ Approved: Disapproved:

_____ Signature of Director	_____ Title
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PLEASE RETURN APPLICATION TO: Bella Villino Condominium Association
4100 Central Sarasota Parkway
Sarasota, FL. 34238

Please include an **application fee of \$100.00** made payable to: Bella Villino IV Condominium Association.

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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: _____