

MYRTLE TRACE CONDOMINIUM ASSOCIATION

A Corporation not-for-profit

C/O Sunstate Association Management Group

www.brian@sunstatemanagement.com

200 Capri Isles Blvd.-Suite 2, Venice, FL 34292

(941)870-3375 ~ Fax: (941) 870-9652

APPLICATION FOR SALE / TRANSFER OF UNIT

PLEASE PRINT ALL INFORMATION

A non-refundable fee of \$100.00 must accompany this application, payable to Myrtle Trace Condominium Association, Inc. **The applicant to sell/transfer ownership understands that any outstanding sums due to Myrtle Trace Condominium Association, Inc. must be paid prior to closing.**

The Board of Directors needs sufficient time to review this application.

All Sales/Transfers, leases, or occupation of a unit must be approved, in writing, by the Board of Directors or duly authorized officer of the Board before such sale/transfer, lease, or occupation shall be valid and effective. (Reference Myrtle Trace Declaration of Condominium)

The undersigned proposes to sell/transfer ownership of:

Unit Number _____ Address _____

To _____, identified below.

Attached herewith is a copy of the executed Sales Contract. The undersigned states that all information contained in this application is true and correct. (Any intentional misrepresentation shall be a basis for an automatic disapproval.)

Printed Name of Applicant to Sell/Transfer Signature of Applicant to Sell/Transfer Date

Printed Name of Co-Applicant to Sell/Transfer Signature of Co-Applicant to Sell/Transfer Date

APPLICANT TO SELL/TRANSFER UNIT INFORMATION

Current Owner(s) Name(s) _____

Current Mailing Address _____

City _____ ST _____ ZIP _____

Current Active Phone # _____ - _____ - _____

Permanent Address of Seller after Sale _____

City _____ ST _____ ZIP _____

Name of Realtor _____ Business Phone # ___ - ___ - _____

Name of Realtor's Firm _____ Business Phone # ___ - ___ - _____

Purchase Price _____ Closing Date _____

Closing Agent (Title Co) _____ Business Phone # ___ - ___ - _____



PROPOSED PURCHASER INFORMATION

Name of Proposed Purchaser(s) _____

Current Mailing Address _____

City _____ ST ___ ZIP _____

Current Home Phone # ___ - ___ - _____ Business Phone # ___ - ___ - _____

Email address _____

Buyer's SS#** _____ Co-Buyer's SS#** _____

****Non-U.S. citizen: Use appropriate Government ID**

Buyer's DOB _____ Co-Buyer's DOB _____

Buyer's Driver's License _____ Co-Buyer's Dr. License _____

Business/Profession (present or former): Buyer _____ Co-Buyer _____

Position Occupied: Buyer _____ Co-Buyer _____

Currently Employed or Retired: Buyer _____ Co-Buyer _____

Name of Realtor _____ Business Phone # ___ - ___ - _____

Name of Realtor's Firm _____ Business Phone # ___ - ___ - _____

PROPOSED UNIT OCCUPANT'S INFORMATION (Names & Ages of All Occupants & Permanent Guests)

First & Last Name _____ Age _____ SS#** _____

First & Last Name _____ Age _____ SS#** _____

First & Last Name _____ Age _____ SS#** _____

First & Last Name _____ Age _____ SS#** _____

**** Non-U.S. citizen: Use appropriate Government ID**

PURPOSE OF PURCHASE: Permanent residence ___ Part-time residence ___ Investment ___

I/We allow the Myrtle Trace Association to send official documents/communications via email

YES _____ NO _____

I/WE allow the Myrtle Trace Association to include the owner(s) name, address, telephone number, and email address in the annual directory.

YES _____ NO _____

PETS:

Owner's pets are limited to caged birds, small marine-life aquariums, and no more than one cat or one small dog, not to exceed a full-grown weight of 25 pounds. Guide Dogs and Service Dogs that exceed a full-grown weight of 25 pounds require special exemption from the Board of Directors.

Do you have any pets? YES___ NO___

If YES: A statement from your pet's veterinarian or a copy of your pet's medical records that states the **current age, weight and breed** of your pet **must be attached**.

VEHICLES: (List all vehicles that will be kept at this unit during occupancy.)

Make_____ Model_____ Year_____ State___ License_____

Make_____ Model_____ Year_____ State___ License_____

REFERENCES:

Name_____ Relationship_____ Phone #___ - ___ - _____

Name_____ Relationship_____ Phone #___ - ___ - _____

Name_____ Relationship_____ Phone #___ - ___ - _____

The undersigned (Buyer) must initial that he/she understands and agrees to the following:

___ Agrees to provide any further information that may be reasonably requested by the Board.

___ **Has received a complete copy of the Declaration of Condominium, Articles of Incorporation, Bylaws, Rules and Regulations, and Frequently Asked Questions.**

___ Has read said documents and agrees to abide by the provision of said documents and waive his/her right to any protest.

___ Understands his/her responsibilities as a homeowner.

I/We hereby authorize the Association's Agent to request a consumer report from one of the consumer reporting agencies in considering this Application. I/We also understand that any information will be held in strict confidence. Upon applicant(s)' request Myrtle Trace Condominium Association will inform applicant(s) of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to applicant(s).

I/We the undersigned hereby grant permission to the Board of Directors or their delegates to contact any or all of the above references with the understanding that all information will be held in strict confidence. Under penalty of perjury, the undersigned certifies that the foregoing information is true and correct.

Printed Name of Applicant to Purchase Signature of Applicant to Purchase Date

Printed Name of Co-Applicant to Purchase Signature of Co-Applicant to Purchase Date

IMPORTANT NOTE: A copy of the contract agreement must accompany this application. If you have questions about completing this application or if you have not received a copy of the Condominium Documents, contact the management company listed below or any of the Board of Directors. The Association documents are available on line at www.myrtletrace.net.

PLEASE SUBMIT THIS APPLICATION TO:

Sunstate Association Management Group
www.brian@sunstatemanagement.com
200 Capri Isles Blvd.-Suite 2, Venice, FL 34292
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MYRTLE TRACE CONDOMINIUM ASSOCIATION
213 Southampton Drive
Venice, FL 34293

ACTION OF BOARD OF DIRECTORS:

Date _____ Approved _____ Disapproved _____

Director's Signature Title

CHECK HERE IF FEE WAS RECEIVED _____ AMOUNT _____ DATE ____ - ____ - ____

BY WHOM _____

NOTE: A copy of this Board Action will be sent to the Realtor and to the Proposed Purchaser.