

MYRTLE TRACE CONDOMINIUM ASSOCIATION

A Corporation not-for-profit

Send completed form to the Property Management Company

APPLICATION FOR SALE / TRANSFER OF UNIT

PLEASE PRINT ALL INFORMATION

A non-refundable fee of \$150.00 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 will review the application request within 45 days from receipt of the 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 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

Full Name: Current Owner _____ Co-owner _____

Current Mailing Address:

Owner _____ City _____ ST ___ ZIP _____

Co-owner _____ City _____ ST ___ ZIP _____

Current Active Phone #: Owner _____ - _____ - _____ Co-owner _____ - _____ - _____

Cell Phone #: Owner _____ - _____ - _____ Co-owner _____ - _____ - _____

Permanent Address of Seller(s) after Sale:

Seller _____ City _____ ST ___ ZIP _____

Co-seller _____ 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 BUYER INFORMATION

Full Name: Buyer _____ Co-buyer _____

Current Mailing Address:

Buyer _____ City _____ ST ___ ZIP _____

Co-buyer _____ City _____ ST ___ ZIP _____

Current Home Phone #: Buyer ___ - ___ - _____ Co-buyer ___ - ___ - _____

Cell Phone #: Buyer ___ - ___ - _____ Co-buyer ___ - ___ - _____

Email Address: Buyer _____ Co-buyer _____

Business Phone #: Buyer ___ - ___ - _____ Co-buyer ___ - ___ - _____

SS#**: Buyer _____ Co-buyer _____

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

Date of Birth: Buyer _____ Co-buyer _____

Driver's License: Buyer ST ___ # _____ Co-buyer ST ___ # _____

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

Position: 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 Condominium Association to send official documents/communications via email

YES _____ NO _____

I/WE allow the Myrtle Trace Condominium Association to include the owner(s) name, address, telephone number, and email address in the resident 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 _____

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REFERENCES:

Name _____ Relationship _____ Phone # _____ - _____ - _____

Name _____ Relationship _____ Phone # _____ - _____ - _____

Name _____ Relationship _____ Phone # _____ - _____ - _____

The undersigned (Buyer and Co-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 understand that prior to the closing date Myrtle Trace Condominium Association may request a consumer report from one of the consumer reporting agencies. I/We also understand that any information obtained 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.

