

**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 \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ State \_\_\_ License \_\_\_\_\_

**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.

