

CARROLL OAKS HOMEOWNERS ASSOCIATION

Application for Proposed Sale

NOTE: This application will not be considered unless filled in completely and submitted to CARROLL OAKS HOMEOWNERS ASSOCIATION at least 10 days prior to closing. *This application shall be signed by all parties to the sale* or it will be returned without approval given.

REQUIREMENTS:

- **Completed Application, Copy of Driver’s License, Sales Contract, and a \$100 non-refundable check, per adult applicant over the age of 18, made payable to Avid Property Management, 2906 Busch Lake Blvd, Tampa, FL 33614**
 - A \$50 Rush Fee will be applied if approval is needed prior to the 7 business days allotted for normal processing.
- Name of Purchaser: _____, Phone: _____
- Name of Owner: _____, Phone: _____
- Property Address: _____

Application Date: _____

Buyers Name: _____ SSN: _____ Driver’s Lic.#: _____
 Spouse: _____ SSN: _____ Driver’s Lic.#: _____
 Current Address: _____ How long? _____
 Previous Address: _____ How long? _____
 City/State/Zip: _____

Landlord/Mortgage Holder Name on Previous Address: _____
 Address: _____ Phone # _____

Vehicle Make: _____ Model: _____ Year _____ Tag# _____ State _____
 Vehicle Make: _____ Model: _____ Year _____ Tag# _____ State _____

*****No Commercial trucks or vehicles, RV’s, boats or trailers*** (Please see Declaration of Covenants for specifics).**

Pet: Dog/Cat Breed: _____ Other: (Specify Type) _____ Weight: _____ lbs. Age: _____

Name of Permanent Occupants Not Listed Above:

1. _____ Age: _____ SSN: _____
2. _____ Age: _____ SSN: _____

Current Employer: _____ How Long? _____
 Address: _____ Phone #: _____
 Spouse Employer: _____ How Long? _____
 Address: _____ Phone #: _____

In Case of Emergency, please contact:

Name: _____ Phone #: _____
 Name: _____ Phone #: _____

Your signature authorizes Management to secure credit and other public information and acknowledges receipt of the Rules & Regulations. Any violation may be cause for legal action.

 Applicant’s Signature Date

 Property Owner’s Signature Date

Signature of Purchaser(s) acknowledges that you have received, read, understand, and will abide by the Supplemental Declaration of Covenants, Conditions, Restrictions and Easements, and the “RULES & REGULATIONS” and the requirements regarding Additional Persons and Single Family residence.

(Approved) or (Disapproved) by: _____ Date _____