

CADILLAC NORTH SHORE CONDOMINIUM ASSOCIATION

Information Sheet &

Application for Purchase

Date: _____

Address of Unit to be purchased: _____

Owner of Record: _____

Broker/ Realtor: _____

Proposed Closing Date: _____

Escrow Company Closing the transaction: _____

Will this be a: Primary Residence _____/Secondary Home _____

Number of Vehicles Owned: _____ Model: _____ Make _____

Have you received /reviewed the following:

- ✓ **Transfer of the Condo Book** _____
- ✓ **Copy of the Condominium By-Laws, Rules and Regulations** _____
- ✓ **Copy of the Co-Owner Profile Information Sheet** _____
- ✓ **Mail box key** _____ **Your mailbox number is:** _____
- ✓ **Key to Clubhouse** _____
- ✓ **ACH Form Completed** _____

PURCHASER(S) MUST READ THE FOLLOWING STATEMENT AND ACKNOWLEDGE THEIR UNDERSTANDING AND ACCEPTANCE BY THEIR SIGNATURE. I (we) have reviewed the Condominium By-Laws and Rules and Regulations of Cadillac North Shore Association and by signing this application; I (we) agree to abide by the policies and guidelines set forth.

_____ **Date:** _____

_____ **Date:** _____

Authorization Agreement for Pre-Authorized Payments
(ACH Debits)

Account Name: (i.e. John Smith Trust) _____

Account Owner's Name(s): (i.e. John and Sally Smith) _____

Account Owner's Address: _____

I, the above-named account holder, do hereby authorize the Cadillac North Shore Condominium Association, hereafter referred to as CNSCA, to initiate debit entries to my:

Checking Account Savings Account Other Account (select only one)

At the bank or depository named below which will hereafter be called DEPOSITORY.

Bank or Depository Name: _____

This authorization is to remain in effect until CNSCA has received written notification from me or my authorized representative of its termination in such time and in such manner as to afford the CNSC and DPOSITORY a reasonable opportunity to act on such notice.

NAME: _____

Print Account Name(s)

Signed by: _____

Authorized signature of account owner or owner's authorized representative

Debit to the above-named account shall be only for the purpose of expediting the collection of CNSCA charges, assessments and fees as approved and levied by the Board of the Cadillac North Shore Condominium Association.

Debit transactions for payment of regular general element assessments are to be made on or about the first business day of each month. I also accept that I am totally responsible for any additional charges or fees that may be levied by the involved banks and depositories for debits made to closed accounts or accounts with non-sufficient funds.

(You must attach below, a voided check or copy of a voided check for the above-named account)

Please return this completed form to:
Cadillac North Shore Condominium Association
201 N. shore Dr. E., Cadillac, MI 49601

Cadillac North Shore Condominium Association
201 N. SHORE DRIVE E., CADILLAC, MI 49601

CO-OWNER PROFILE AND INFORMATION SHEET

(Please Print Clearly)

Date: _____

Co-owner name(s): _____

Designated voter's name: _____

Designated voter's email address: _____

Other email address: _____

Condominium address: _____

Spouse's or other's name and email address: _____

Condo phone: _____ cell phone: _____

Work or other phone: _____ other cell phone: _____

Address when not living at condo: _____

Contact(s) when I cannot be reached: _____

Alternate contact's phone: _____

Is any co-owner 62 years old or more? _____ (if yes, please register for the senior trash program)

Insurance Company that covers your interests: _____

Name of Agent: _____

Address: _____

Phone number: _____ email: _____

❖ Please attach a copy of policy declarations page which show coverage and limits

Mortgage Holder (if any)

Address: _____ Phone number: _____

Is condominium unit being leased or rented? _____

If yes, please list the name phone number and email address of tenant.

If yes, please attach a copy of the lease rental agreement.

Are your furnace, water heater or water conditioner covered by a maintenance agreement? _____

If yes, please provide the information below regarding these agreements.

Appliance	Service Provider	Provider's phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

BY CHECKING THIS BOX, I AGREE THAT ALL REFERENCES TO AND REQUIREMENTS UNDER THE BY-LAWS, RULES AND REGULATIONS OF THE ASSOCIATION WHERE COMMUNICATIONS, NOTICES AND VOTING BALLOTS MUST BE DELIVERED TO ME, THAT I WILL ACCEPT SUCH DELIVERY VIA EMAIL TO THE EMAIL ADDRESS THAT I HAVE PROVIDED ABOVE.

❖ PLEASE USE THE BACK OF THIS FORM TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU THINK WOULD BE USEFUL TO THE ASSOCIATION AND THE PROPERTY MANAGER IN COMMUNICATING WITH YOU.

Signature of designated voter / co-owner: _____ date _____