_____ASSOCIATION

Unit: _____

SALES APPLICATION

Application requires 14 Days to process

Application	n is hereby made for approval of the sale of the	above referenced unit.			
Name of S	eller		Date		
We repres	ent that the following information is true and cor	nsent to your further inquiry concer	ning the information.		
Name of E	suyer (same as title)		Age	_	
Spouse or	other occupant.	A	ge		
Intentions	- (circle one) Fulltime/Seasonal/Rental/ot	ther			
Email:	Phone:				
Present A	.ddress				
Address	after closing				
Children u	nder 18	Pets	Type	Weight	
Title Comp	Title Company Name:Title Company Contact:				
Title Comp	any Phone:Fax:				
A \$ APPLICATION PROCESSING FEE IS REQUIRED AND MUST ACCOMPANY THIS SALES APPLICATION WHEN SUBMITTED BEFORE APPROVAL CAN BE CONSIDERED. PLEASE MAKE CHECK PAYABLE TO FEE MAY BE PAID BY EITHER PARTY.					
Yes/No - A	A PERSONAL INTERVIEW IS REQUIRED 55+ Community	BEFORE CLOSING.			
Yes/No –	No Pet Community _ DRIVER'S LICENSE OR OTHER PICTURE	F IDENTIFICATION IS REQUIRE	ED FOR PROOF OF	AGE	
	RICE COPY OF P			IGE	
	oval is contingent upon financial matters being sa but not limited to, maintenance fees, assessment				
	on below acknowledges receipt of a copy of the e(s) to abide by said Governing Documents &			gned	
	If you have any questions regarding this appl	lication, please call Leading Edge	e C.A.M. at (727) 40	3-0307	
Date	Signatures.				
Date	Signatures.				
	ESTOPPELS REQUEST IS COMPLET	TED BY THE ACCOUNTING	OFFICE (727) 461-	<u>9770</u>	
	Approved by : (Signature of Board	1 Mambar or A gent of the Decard	Date:		
	(Signature of Board	i member of Agent of the Doard)			

THIS APPLICATION IS APPROVED CONTINGENT UPON ALL FINANCIAL OBLIGATIONS TO THE HOMEOWNERS ASSOCIATION BEING PAID IN FULL AS OF THE CLOSING DATE

Please return form to Leading Edge C.A.M. at 901 North Hercules Ave Suite A, Clearwater, FL 33765