

ROSE GARDEN VILLAS CONDOMINIUM ASSOCIATION INC.

c/o American Condominium Management, Inc.
4223 Del Prado Blvd S., Cape Coral, Florida 33904
Office (239) 542-4404 Fax (239) 542-0082
Email: robin@amcondo.net

APPLICATION FOR PURCHASE

*Please Print & Complete All Questions and Fill In All Blanks
RETURN, WITH A COPY OF THE PURCHASE CONTRACT*

Date: _____ Condo Unit # _____ Closing/Occupancy Date _____

Purchaser/Renter Information: Number of People to Occupy Unit: _____

Name: _____ Date of Birth _____

SSN: _____ Driver's License # _____

Vehicle Type: _____ Color: _____

Email: _____ Cell# _____ Home# _____

Spouse/Partner: _____ Date of Birth _____

SSN: _____ Driver's License# _____

Vehicle Type: _____ Color: _____

Email: _____ Cell # _____ Home # _____

OTHER OCCUPANTS:

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

Name: _____ Relationship _____ Age _____

IN CASE OF EMERGENCY NOTIFY: Name _____

Address _____ Phone #'s (C) _____

_____ (H) _____

Indicate use: Permanent Residence _____ Seasonal Residence _____

Rental _____ Other (Specify) _____

NAME OF CURRENT OWNER: _____

Initials _____

NAME OF REALTOR & PHONE #

NAME OF CLOSING AGENT & PHONE #

YOUR ADDRESS AFTER CLOSING:

RESIDENCE HISTORY (AT LEAST 5 YEARS)

Present Street Address: _____

City, State/Province, Zip/Postal Code

Own _____ Rent _____ Dates of Residency: From _____ To _____

Prior Residency Address: _____

City, State/Province, Zip/Postal Code

Own _____ Rent _____ Dates of Residency: From _____ To _____

Have you previously lived in a condominium? Yes _____ No _____

Have you served on a condominium Board of Directors? Yes _____ No _____

EMPLOYMENT

Currently Employed? Yes _____ No _____ Retired? Yes _____ No _____

Employed By/Retired From _____

Address & Phone # _____

Length of Employment _____ Annual Income _____

If not currently employed _____ Annual Income _____

Spouse/Partner Employed By/Retired From _____

Address & Phone # _____

Length of Employment _____ Annual Income _____

If not currently employed _____ Annual Income _____

IF EMPLOYED LESS THAN 5 YEARS AT PRESENT EMPLOYMENT

Prior Employer _____ Dates _____

Address & Phone # _____

Spouse/Partner Prior Employer _____

Address & Phone # _____

Initials _____

BANK REFERENCES

Bank Name: _____ Phone #: _____

Bank Address: _____

Length of Time A Customer at This Bank: _____

PETS

Do you have a pet? Yes _____ No _____

Type of pet _____

*There are pet restrictions. Owners must complete the Pet Rules & Application document. (Any Tenants may **not** have pets).*

REFERENCE CHECKS

THREE LETTERS OF CHARACTER REFERENCE MUST ACCOMPANY THIS APPLICATION.

GOVERNANCE

American Condominium Management, Inc. will answer any questions you may have prior to signing this Application. It is your real estate agent’s responsibility to ensure that you have obtained Rose Garden Villas governance documents (Condominium Declaration, Bylaws, and Rules & Regulations). It is your responsibility to review them and to abide by them.

I/We have received, read and understand the Condominium Governing Documents and the Rules & Regulations for Rose Garden Villas Condominium Association, Inc. I/We agree to abide by all of the provisions and those of other recorded documents as well as all of the rules and regulations made pursuant thereto.

By signing, the applicant recognizes that Rose Garden Villas Condominium Association, or its agent, American Condominium Management, Inc. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding to my character, banking history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and American Condominium Management, Inc., its employees, Officers and Directors, affiliates, subcontractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by American Condominium Management, Inc.

I/We certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void. As required by law, this information is kept strictly confidential.

Initials _____

Applicant Signature:

Applicant Signature:

Date: _____

Initials _____

Page 4 of 4

Form 3