

THE SANDS ON THE OCEAN
A CONDOMINIUM, SECTION I ASSOCIATION, INC.
3100 North Highway A-1-A, Fort Pierce, FL 34949
772-466-8274

APPLICATION FOR APPROVAL OF SALE

This is an Application for Approval of Sale. This form must be completely filled out and be accompanied by a properly executed Agreement of Sale and is conditioned upon the approval by the Board of Directors of the Sands on the Ocean Condominium Association.

This application, together with the above documents must be received by the **Association** at least **30 days** prior to settlement, and in no event, shall a unit be occupied prior to approval of this application by the Board of Directors. **This application must be accompanied by the \$100.00 Non-Refundable Application Fee.**

INSTRUCTIONS: PLEASE COMPLETE ALL BLANKS. All information provided shall be strictly confidential. Incomplete applications will not be processed or approved.

Present owner (s) _____ Unit # _____
Address _____ Telephone # _____

APPLICANT'S FULL NAME: _____
PRESENT ADDRESS: _____
TELEPHONE #: _____ Will you maintain this address? Y / N

CO-APPLICANT'S FULL NAME _____
PRESENT ADDRESS: _____
TELEPHONE #: _____ Will you maintain this address? Y / N

OTHER INFORMATION/SPECIAL NEEDS _____

EMERGENCY CONTACT NAMES: _____ TEL # _____

NAME(S) OF CHILDREN OR OTHERS TO RESIDE IN UNIT:

IF LESS THAN 1 YEAR, LIST PREVIOUS ADDRESS AND LENGTH OF RESIDENCE:

PRESENT OCCUPATION: _____

APPLICANT

CO-APPLICANT

Initial (s) _____

VEHICLES: Please list all vehicles to be parked on the premises. Please note that they must be in accordance with the Association Rules and Regulations and cannot include commercial vehicles of any kind, motorcycles, scooters, campers, or motor homes. Trailers, boats on trailers, vehicles that are unsightly, not mechanically operable or not street-legal are not permitted on the premises.

MAKE	MODEL	COLOR	YEAR	STATE/LICENSE PLATE

PETS: No more than two pets per unit are allowed, and no pet may exceed 30 pounds. All pets must be leashed when in the common areas, must be carried through the lobby, and must not be a nuisance to other residents. See Rules and Regulations for more information.

I/we _____ will _____ will not have a pet(s) living in the unit.

Type of pet: _____ Breed: _____ Weight: _____
 Type of pet: _____ Breed: _____ Weight: _____

References: Please supply a minimum of two references. The individuals, used as references shall not be relatives or individuals with whom you have resided, past or present.

Name	Address	Telephone

1. We understand that the approval of this Application is entirely discretionary with the Board of Directors of the Association, and that the Board’s decision is final.
2. The owner(s) and applicant (s) understand and agree that the only person or persons that may occupy the apartment are those persons whose names appear herein as applicant and members of applicant’s family. The violation of this covenant grants the Association the right to have all individuals residing in the apartment evicted immediately. The owner(s) as well as the applicants shall be responsible for all costs and expenses, including court costs and attorney fees incurred by the Association in enforcing this covenant. This is a condition for approval of this application.
3. The Applicant(s) are subject to an interview prior to a board review of this application. Please provide sufficient information herein to allow applicant(s) to be contacted to arrange for an interview. Failure to provide this information may delay board review of the application.
4. I (We) hereby acknowledge that we have received a copy of the Condominium Documents and Rules and Regulations including any amendments thereto. By signing below, I/we agree to abide by these documents rules and regulations as currently drafted and as they may be amended or revised from time to time. Furthermore I/we affirm that the information provided herein is true and correct.

SIGNED: **Applicant** _____ **Date** _____
 Co-Applicant _____ **Date** _____

STATE OF FLORIDA
 COUNTY OF ST. LUCIE

The foregoing instrument was acknowledged before me the _____ day of _____ 20____ by _____ and _____ who are personally known or have produced a driver’s license as identification.

NOTARY SEAL

 Notary Public

 Printed name
 My commission expires _____

Initial (s) _____