

APPLICATION FOR RESIDENCY (Please print clearly)

Complete and return this Application for Residency to DeSantis Community Management, 2931 Macalpin Dr S, Palm Harbor FL 34684.

This application must be accompanied by the following: **(No background check required)**

1. A \$50.00 Non-refundable Application Fee payable to Terrace Park of Five Towns No. 27, Inc.; A \$50.00 Non-refundable Application Processing Fee (per application) payable to DeSantis Community Management, LLC.
2. A copy of the completed Sales Contract or Lease Agreement
3. A copy of the Applicant(s) Drivers License(s) or Photo IDs

DATE: _____ UNIT #: _____ Assigned Parking Space #: _____

Name(s) of Current owner(s): _____

Is this application regarding a purchase? Yes _____ No _____

Is this application regarding a lease? Yes ___ No ___ If yes, term of lease? _____
(When leasing, please note that a lease agreement is to be a minimum of 6 months and a maximum of 12 months. A lease is renewable on its anniversary date and an updated copy is to be provided to the Board.)

REQUIRED INFORMATION OF PURCHASER, LESSEE, OR LONG-TERM GUEST:

Applicant #1 _____

HOME PHONE _____ WORK OR CELL PHONE _____

Email: _____ Occupation _____

Applicant #2 _____

HOME PHONE _____ WORK OR CELL PHONE _____

Email: _____ Occupatioin _____

CURRENT ADDRESS: _____

VEHICLE INFORMATION: Make _____ Color _____ State & Tag #: _____

If Second Vehicle: Make _____ Color _____ State & Tag #: _____

UNIT USE: Permanent Resident: _____ 2ND Home: _____ Rental: _____ Number Persons to Occupy Unit _____

Pets Allowed: One dog or one cat - Not to exceed 25 lbs adult weight. OR Caged Domestic Birds or Tropical Fish kept in Aquariums less than 50 gallons. If you have a pet, Weight: _____ Type _____ None _____

CLOSING INFORMATION:

Estimated Closing Date: _____ Estimated Occupancy Date: _____

Title Company or Attorney: _____ Phone #: _____

Mailing Address after closing: _____

If Quincy is to be a seasonal residence, please provide the following information for other address:

Street & No.: _____ City: _____

State or Prov. _____ Zip or Postal Code: _____ Tel: _____

Purchaser(s)/Lessee(s) Long-Term Guest (s) acknowledges that he/she has been informed that a Handbook for Residents, which includes a copy of all condominium documents, has been provided with this condominium and that he/she has read and understands them and agrees to abide by all of the conditions and terms set forth therein and any and all Rules and Regulations legally enacted hereafter by the Association.

Signature of Purchaser/Lessee/Long-term Guest

Signature of Purchaser/Lessee/Long Term Guest

CERTIFICATE OF APPROVAL FOR RESIDENCY

UNIT NO: _____ **NAME OF CURRENT OWNER:** _____

APPLICANT NAME(S): _____

The undersigned officers of the above association hereby certify that the above named applicant(s) were interviewed on the _____ day of _____, 20____, and approved for residency in the above referenced unit in accordance with the provisions of the Declaration of Condominium of the Association.

Dated this _____ day of _____, 20_____.

Board Member Signature

Print Name

Board Member Signature

Print Name