BOUCHELLE ISLAND XIX CONDOMINIUM ASSOCIATION, INC.

APPLICATION FORM – PURCHASE

INSTRUCTIONS: This application must be submitted to the Condo Association as required by its Board of Directors. Mail or email this application to: Atlantic Community Association Management & Accounting, Inc., 507-C Herbert St., Port Orange, FL 32129/atlanticcama@gmail.com. Allow a minimum of twenty (20) days for approval of this application from the time it is **RECEIVED** by "Atlantic" before a sale closing or occupancy of the unit. **This application must be completed in entirety before it can be accepted. A separate application is needed from each non related person when that is applicable.**

PLEASE NOTE THAT AN ADMINISTRATIVE PROCESSING FEE OF $100.00 MUST ACCOMPANY THIS APPLICATION PAYABLE TO ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT AND ACCOUNTING, INC. (Check Only)

PLEASE PRINT

DESIRED DATE OF CLOSING: _____

APPLICANT'S NAME: _____

NAMES OF ALL OTHER RELATED OCCUPANTS: (Please have non-related occupants submit a separate form.)

_____

CURRENT ADDRESS: _____ _____ _____ _____

(Street) (City) (ST) (Zip)

APPLICANTS PHONE NUMBERS: _____ _____

(Home) (Cell)

EMAIL:_____

EMERGENCY CONTACT: _____ _____

(Name) (Phone)

CHARATER REFERENCES-DO NOT USE RELATIVES

_____ _____ _____

(Name) (Address) (Phone)

_____ _____ _____

(Name) (Address) (Phone)

BOUCHELLE ISLAND XIX CONDOMINIUN ASSOCIATION, INC.

APPLICATION FORM- PURCHASE PAGE 2

EMPLOYMENT INFORMATION

_____

(Current Employer) **(Address)**

_____

(Supervisor Name) **(Dates of Employment)** **(Position)**

_____

(Current Employer) **(Address)**

_____

(Supervisor Name) **(Dates of Employment)** **(Position)**

VEHICLES AND PARKING – NO COMMERCIAL VEHICLES OF ANY TYPE

(Year)	**(Make)**	**(Registration)**	**(State)**	**(Color)**
(Year)	**(Make)**	**(Registration)**	**(State)**	**(Color)**

PETS

One pet only is permitted that may not exceed nineteen (19) pounds that shall be kept on a leash (not to exceed eight (8) feet in length) when outside the unit. The Association has the right to require an owner to remove a pet from the Condominium that becomes a source of annoyance to other owners.

(Pet Type)	**(Weight)**	**(Name of Pet)**

BOUCHELLE ISLAND XIX CONDOMINIUM ASSOCIATION, INC.

APPLICATION FORM-PAGE 3

The undersigned agrees to provide any additional information required by the Board of Directors to approve this application. Further, the buyer understands that the Association may investigate any information provided by the undersigned. In addition, the buyer understands that a full disclosure of pertinent facts must be made to the Association. The undersigned acknowledges receipt of copies of Declaration of Condominium, Articles of incorporation, By-Laws, Rules and Regulations and exhibits for Bouchelle Island 19 and the Bouchelle Island Community Services Association, Inc. Buyer has read them and Buyer agrees to abide by them understanding that these documents apply to all renters/tenants, guests and pets. Please note there are rental restrictions in this Association. (Declaration of Condominium, Articles of incorporation, By-Laws, Rules and Regulations and exhibits for Bouchelle Island 19 and the Bouchelle Island Community Services Association, Inc are available on our website at atlanticcommunitymanagement.com)

Attachment to this application:

- **Bilateral sales contract signed by the owner and the prospective buyer**

Applicant's Signature: _____ **Date:** _____

PLEASE MAIL or E-MAIL TO:

ATLANTIC COMMUNITY ASSOCIATION MANAGEMENT & ACCOUNTING, INC.

507-C HERBERT STREET

PORT ORANGE, FL 32129

386/ 760-7365 office --

atlanticcama@gmail.com

atlanticcommunitymanagement.com