

SANDPOINTE BAY CONDOMINIUM ASSOCIATION
19800 US No. 1, Box A (North Building)
Tequesta, FL 33469

APPLICATION FOR PURCHASE OR LEASE

NOTE This form must be submitted in its entirety, along with the appropriate funds, signatures, and a fully executed copy of the Real Estate Sale Contract or Lease. No applications will be accepted for review until complete. The Association requires a **MINIMUM OF FIFTEEN (15) DAYS** in advance of a sale closing date or commencement of a rental period for the review process. Applicants are required to appear for a Personal interview a minium of ten days prior to lease commencement or contract closing date. Checks shall be made out to Sandpointe Bay Condominium Association, Inc.

APPLICATION FOR:

Purchase of Unit Number # _____
Lease of Unit Number # _____
Application Fee \$ 50.00

Application Date _____
Closing Date _____
*Rental Period from _____ to _____
*Rental Common Area Security Deposit
\$900.00

Name of Current Owner(s) _____
Address _____
Phone Number _____

Name of Agent's Firm _____
Address _____
Representative _____
Phone Number _____
Phone Number _____

Name of Applicant(s) _____
Address _____
Number of years at this address _____
Business Address _____
Phone Number _____

Place of Birth:
City: _____ State _____
Spouse:
City: _____ State _____
Names and Ages of Children _____

Club and Organization Affiliations:

Name _____ Location _____
Name _____ Location _____

Personal References:

1. Name _____

Address _____

Phone Number _____

2. Name _____

Address _____

Phone Number _____

3. Name _____

Address _____

Phone Number _____

ACKNOWLEDGMENTS:

The Applicant(s) hereby acknowledges that he (they) is familiar with, has read and will abide by the Sandpointe Bay Condominium Documents and the Association's amended Rules and Regulations Revised March, 1999 (incl. pp 16 & 17 Revised 10/17/2000).

In addition, if the Applicant(s) is a prospective Purchaser(s) of the aforementioned Unit, he (they) hereby requests membership in the above Association and agrees to accept membership in accordance with the terms and provisions of said organization.

WITNESS BY _____

APPLICANT(S)
SIGNATURE _____

_____ Date _____

The Unit Owner(s) hereby acknowledges his (their) intent to Sell the aforementioned Unit to Applicant(s).

UNIT OWNER(S)
SIGNATURE _____

_____ Date _____

***ACCEPTED:**

By: _____
for and on behalf of the Board of Directors

_____ Date _____

* Association Certificate of Approval required for Closing will be available to Purchaser(s) or his (their) Agent within three (3) days after this acceptance.