

**MAGNOLIA SQUARE  
CONDOMINIUM ASSOCIATION, Inc.  
501 EAST BAY DRIVE  
LARGO, FLORIDA 33770  
(727)581-8093**

APPLICATION BY PROPOSED PURCHASER  
(PLEASE COMPLETE FULLY AND ACCURATELY)

TO: Board of Directors:

I (We) intend to purchase Unit No. \_\_\_\_\_. In order for you to facilitate consideration of my (our) Application for the purchase of the above-designated unit in Magnolia Square Condominium, I (We) represent that the following information is factual and true. I (we) are aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I (We) consent that you may make further inquiry concerning this Application, particularly of the references given below. I (We) am (are) also aware that I (We) **MUST MEET WITH THE INTERVIEW COMMITTEE PRIOR TO APPROVAL BY THE BOARD OF DIRECTORS. Interview Fee Is \$100.00 Per Person Eighteen Years or Older.**

I (We) will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Condominium Association,

I (We) will provide the Association a copy of the Recorded Deed within ten days of closing.

**A COPY OF THE PURCHASE AGREEMENT IS ATTACHED.**

FULL NAME OF PURCHASER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**IF LLC**

FULL NAME OF PRIMARY OCCUPANT \_\_\_\_\_ DOB \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT HOME ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ HOW LONG \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PRIOR HOME ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW LONG \_\_\_\_\_

The rules and regulations of the ASSOCIATION provide an obligation of Unit Owners that condominium units are for single family residence. Please state the name and relationship of all other persons who will be occupying the apartment unit regularly.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL NUMBER OF CHILDREN IN YOUR FAMILY \_\_\_\_\_

OCCUPATION OF PURCHASER (even if retired) \_\_\_\_\_

HOW LONG \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

OCCUPATION OF SPOUSE \_\_\_\_\_

HOW LONG \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

NAMES AND ADDRESS OF EACH EMPLOYER DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION, AND THE DATES OF EMPLOYMENT. IF NECESSARY, USE BACK OF SHEET FOR MORE INFORMATION.

1... \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

MAKE OF CAR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

APPLICATIONS DRIVERS LICENSE NO. \_\_\_\_\_ SPOUSES DRIVERS LICENSE NO. \_\_\_\_\_

\_\_\_\_\_

STATE \_\_\_\_\_ STATE \_\_\_\_\_

CLUB AFFILIATIONS; \_\_\_\_\_

\_\_\_\_\_

BANK REFERENCES

1. \_\_\_\_\_

2. \_\_\_\_\_

**TWO (2) LETTERS OF REFERENCE ;( CANNOT BE RELATIVES)**  
**ATTACH TO APPLICATION**

PETS RESTRICTIONS -Pet Permission must be approved by the Board of Directors.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY;

\_\_\_\_\_PHONE ( )\_\_\_\_\_

ADDRESS\_\_\_\_\_ZIP\_\_\_\_\_

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;

NAME\_\_\_\_\_ADDRESS\_\_\_\_\_

CITY AND STATE\_\_\_\_\_ZIP\_\_\_\_\_PHONE ( )\_\_\_\_\_

I(We) understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents of the Association and the Condominium provides cause for available immediate action as therein provided or termination of a leasehold under appropriate circumstances. I (We) hereby authorize the Association to do a background check, including credit history.

I (We) certify that I (We) have received and are responsible for the following items:

- Copy of the Magnolia Square Condominium Documents.
- Copy of the Magnolia Square Condominium Rules and Regulations.

I HAVE READ THE DOCUMENTS.

DATED; this \_\_\_\_\_day of \_\_\_\_\_201\_\_\_\_

SIGNED; \_\_\_\_\_  
Applicant

SIGNED; \_\_\_\_\_  
Applicant