

BLACKBURN POINT MARINA VILLAGE CONDOMINIUM ASSOCIATION, INC.

c/o Sunstate Association Management, Inc.
PO Box 18809
Sarasota, FL 34276
PH: 941-870-4920 Fax: 870-9652

APPLICATION FOR SALE OF UNIT AND APPROVAL

A copy of the Sales contract and a non-refundable fee of \$100.00 must accompany this application, payable to Blackburn Point Marina Village.

The undersigned proposes to sell Unit No: _____ Address: _____
To: _____, identified below, and the undersigned does hereby apply for approval of this sale, by the Blackburn Point Marina Village Condominium Association, Inc. to which the following information is submitted. Attached herewith is a copy of the executed Sales Contract. I understand that any outstanding sums due to Blackburn Point Marina Village Condominium Association, Inc. must be paid prior to closing.

Seller: _____ Seller: _____

Purchaser's Statement

Buyer's Name: _____ Spouse Name: _____
Buyer's SS#: _____ Spouse SS#: _____
Buyer's DOB: _____ Spouse DOB: _____
Buyer's Dr. Lic. # _____ Spouse Dr. Lic. # _____
Present Address: _____
Phone: _____ Residency Intentions: Year Round _____ Seasonal _____ Lease _____
Email Address: _____
Business or Profession (Present or Former): _____
Position Occupied: _____ Active or Retired: _____
Emergency Contact Info: _____ Emergency Phone: _____

Vehicle Information:

Make: _____ Model: _____ Year: _____ State: _____ Tag#: _____
Make: _____ Model: _____ Year: _____ State: _____ Tag#: _____

Pets: No _____ Yes _____

Dogs must be leashed. The owner is responsible for disposal of all excrement from all areas.

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, and Rules and Regulations of Blackburn Point Marina Village Condominium Association, Inc. and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

_____	_____	_____
Date of Closing	Signature of Applicant for Purchaser	Date
_____	_____	_____
Date of Closing	Signature of Applicant for Purchaser	Date
_____	_____	_____
Closing Agent	Telephone Number	Date

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless, Sunstate Association Management, Inc. and all providers of information on the prospective buyer(s)/tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance for this rental, lease or purchase, whether determination is made before or after my date of occupancy, may be affected.

I do hereby authorize with my (our) signatures(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, and all its members now and in the future.

_____	_____
Date	Signature Applicant

_____	_____
Date	Signature Applicant

Action of Board of Directors:

Date: _____ Approved: _____ Disapproved: _____

_____	_____
Director's Signature	Title