

**SALES APPLICATION**  
**AVIAN PLACE HOMEOWNERS ASSOCIATION, INC.**  
HOA [www.avianplacehoa.webs.com](http://www.avianplacehoa.webs.com) Master [www.pphoa.webs.com](http://www.pphoa.webs.com)

Please read this application carefully and fill in all blanks. There is a \$100.00 non-refundable application fee. Check should be made payable to Avian Place Homeowners Association. Copies of drivers license and sales agreement is also required.

**\*\*Please submit all these items at least 20 days prior to the start of your closing.\*\***

**MAIL TO: Schoo Management, Inc. 9411 Cypress Lake Drive, #2, Fort ,Myers, FL 33919**

Application date: \_\_\_\_\_ Approximate closing date: \_\_\_\_\_

Seller's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

**We plan to use the premises for:**

- permanent residence  
 part time residence  
 part time residence/rental

Realtor's Contact Information:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Agency: \_\_\_\_\_

Buyer's Name and Contact Information:

Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Occupants other than buyer and spouse: (Please list additional occupants on a separate sheet of paper):

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

Relation to Buyer: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Address: \_\_\_\_\_

Relation to Buyer: \_\_\_\_\_

Buyer Presently Employed By: \_\_\_\_\_

Personal References

1. \_\_\_\_\_ Phone number \_\_\_\_\_

2. \_\_\_\_\_ Phone number \_\_\_\_\_

Type of vehicle \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Type of vehicle \_\_\_\_\_ License Plate Number: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_

**PETS**

**The Association prohibits aggressive dog breeds. Limit of 2 dogs per household.**

Pet: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Pet: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

I/we have received and read a copy of the Declaration of Covenants for Avian Place. I/we agree to abide by all of its provisions and those of recorded documents and by all Rules and Regulations made pursuant thereto. SIGNATURE \_\_\_\_\_

AND \_\_\_\_\_

NOTE: Signature(s) authorizes the Association to secure credit and other information.

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, personally appeared before me, \_\_\_\_\_, known to me to be the individual described in and who executed the same freely and voluntarily for the purpose therein expressed.

Commission expires \_\_\_\_\_

Notary Public

State of \_\_\_\_\_