

Country Meadows Homeowners Assoc., Inc.

Sale Application

\$100 Non-Refundable Processing Fee must accompany this application. Application and Estoppel Form must be presented along with your checks and **MAILED** to: 1844 Country Meadows Dr., Sarasota, FL 34235. **NO ELECTRONIC PAYMENTS OR FILING OF THIS PAPERWORK.**

Application Date _____

Application to Purchase Planned Closing Date _____ Occupancy Date _____

Pursuant to the rules and regulations of Country Meadows HOA, the undersigned homeowner of the property located at _____, requests approval of the Association's Board of Directors or its duly authorized committee to **sell** said property as follows:

Information concerning Buyer:

(Please print)

Names of Owners _____ Owner's Phone # _____

Names of Buyer _____

Address of Buyers _____

Phone # of Buyer _____

Email address of Buyer _____

Does Country Meadows HOA have permission to use your email to contact you or send information?

Yes No

Date of Birth _____ Drivers License Number _____

Intended use of property Owner Occupy Full Time Lease Full Time

Owner Occupy Part Time

Business/Profession/Retired _____

Nature of Present or Last Business _____

Name and address of Employer (if any) _____

Last two previous residence addresses

From _____ To _____

From _____ To _____

Bank References (Preferably Local)

_____ Phone _____

_____ Phone _____

Other Credit References

_____ Phone _____

_____ Phone _____

Names and Relationship to Buyers of **all** intended occupants. Please list all children under 18 years of age.

| Name | Relationship | Age if under 18 |
|-------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Make, Model, Year and license number of vehicle(s) applicant intends to keep at the home.
(No trailers, boats, commercial vehicles, motorhomes, campers, etc. allowed)

| Make | Model | Year | License # |
|-------|-------|-------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Make Checks Payable to Country Meadows HOA
Return this form together with the \$100 check to:
Barb Ancona
1844 Country Meadows Dr.
Sarasota, FL 34235

The undersigned hereby grants permission to the Board of Directors of Country Meadows HOA, to contact any and all or the above references with the understanding that all information will be held in strict confidence.

Sale

Buyers acknowledge that (he/she) have been furnished copies and have read and understand The Covenants, Conditions, and Restrictions (CC&R's) and The Declaration of CC&R's and By-Laws and rules and regulations to lessees. The buyer has read these rules and regulations and will comply applicable to the property being purchased..

Country Meadows Homeowner's Association fee of \$400 is paid semi-annually; \$200 is paid by the owner, due on January 1st and July 1st. This fee is subject to change.

Owner Signature: _____ Date _____

Owner PRINT Name: _____

Buyer Signature: _____ Date _____

Buyer PRINT Name: _____

Application Received _____

Welcome Completed _____

Board Action _____ Date _____

Board Signature _____ Date _____