

Amherst Cove Condominium Association, Inc. Application for Approval to Purchase

Date Stamp

Street Address _____ Unit # _____ Sale Closing ___/___/___

Owner Name _____ Phone _____

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

APPLICANT INFORMATION			
Last Name	First	Middle	
Home Address			Apartment/Unit #
City	State	ZIP	
Phone #	Cell #	Other Phone #	
Email Address			
Employer	Employer's Phone #		

APPLICANT INFORMATION			
Last Name	First	Middle	
Home Address			Apartment/Unit #
City	State	ZIP	
Phone #	Cell #	Other Phone #	
Email Address			
Employer	Employer's Phone #		

OCCUPANTS		
<i>Please list the name, relationship and date of birth of all occupants not listed above who will be living in this unit.</i>		
Full Name	Relationship	Date of Birth

REFERENCES (Attach TWO (2) letters of reference)	
<i>Please list two personal references.</i>	
Full Name	
Relationship	Phone ()
Full Name	
Relationship	Phone ()

PETS	
NO PETS ARE PERMITTED	<i>Please Initial</i>

VEHICLES				
No trucks or motorcycles are permitted.				<i>Please Initial</i>
Year	Make	Model	License plate #	State
Year	Make	Model	License plate #	State

Residency		
I am purchasing this unit with the intention to :		
_____ Reside on Full-Time Basis	_____ Reside on Part Time Basis	_____ Lease the unit

DISCLAIMER AND SIGNATURE	
<p>In order to facilitate consideration of this application, I/we, the applicant(s), represent that the above information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval.</p> <p>I/we have received, read and understand the Rules and Regulations of Amherst Cove and will comply.</p>	
Signature	Date
Signature	Date

Return this request to:
 Amherst Cove Association
 c/o Anchor Associates, Inc.
 3940 Radio Road, Suite 112
 Naples, Florida 34104
 (239) 649-6357 phone
 (239) 649-7495 fax
 Admin@AnchorManagers.com



APPLICATION APPROVAL

_____ Approved	Date _____
_____ Disapproved	By: _____
	<i>Board Officer or Director</i>