SEA CASTLE CONDOMINUM 4939 FLORAMAR TERRACE NEW PORT RICHEY, FL 34652

Application For Purchase/ Lease Of A Single Family Condominium Unit

All parts of the form must be completed. If this application is not legible or is not completely and accurately filled out, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related reports to the association caused by such omissions or illegibility. By signing below the Application(s) and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the Applicant(s)' character, general reputation, personal characteristics, mode of living, and criminal background, as applicable. Type or print in black ink only. Furnish this application, a copy of the applicant's driver's license and screening fee of \$75.00 to the Board. All financial matters of the owner(s) with the Association (including maintenance fees, assessments, late fees, etc.) must be current in order for this application to be processed. This application must be submitted at least 15 days prior to the personal interview conducted by the Association.

NOTE: Moving in prior to the personal interview will not be permitted.

ENTER NAME OF ALL OCCUPANTS: UNIT # Name	Date of Birth
Telephone No.	Driver's License No.
Spouse' Name	Date of Birth
Spouse's Telephone No.	Driver's License No.
Child/Other Name	Date of Birth
Telephone No.	Driver's License No.
Child/Other Name	Driver's License No.

LIST EMPLOYERS FOR THE PAST THREE YEARS

Present Employer Address City/State/Zip

Previous Employer Address Gty/State/Zip

Previous Employer Address Telephone No. Date Hired Supervisor's Name

Telephone No. Date Hired Supervisor's Name

Telephone No. Date Hired City/State/Zip Supervisor's Name

SPOUSE'S EMPLOYER

Present Employer Address City/State/Zip

Previous Employer Address City/State/Zip

Previous Employer Address City/State/Zip Telephone No. Date Hired Supervisor's Name

Telephone No. Date Hired Supervisor's Name

Telephone No. Date Hired Supervisor's Name

LIST PLACES OF RESIDENCE FOR THE PAST THREE YEARS

Present Address	Own/Rent
City/State/Zip	From To
Previous Address	Own/Rent
City/State/Zip	From To
Previous Address	Own/Rent
City/State/Zip	From To

LIST ALL VEHICLES

YEAR MAKE Auto #1	MODEL	COLOR	PLATE NO.	STATE			
Auto #2							
Other Other IN CAS	E OF AN EM	IERGENCY,					
PLEASE NOTIFY							
Name		Telephone No.		Relationship			
Name		Telephone No.		Relationship			
IN MAKING THE FORE THE ASSOCIATION WI TAKEN BY THE BOARI BOARD OF DIRECTORS Board Members. By our/m of the Association: Uwe fur Uwe agree, upon approval Regulations my be amenda against any person or perso Rules and Regulations I/we furnished to the Association	LL BE FINAL A D. I/WE AGREE S. Uwe understar y execution below ther acknowledge of my/our applic ed. I/we underst ns who violated a agree that a copy of	AND NO REASO TO BE GOVER and the Uwe must v, Uwe acknowled that these Rules cation, to abide by and that the Asso any of the provisi	DN WILL BE GIVI RNED BY THE DE attend an interview lege receipt of a copy and Regulations hav vaid Rules and Reg ociation shall have t ons of the Associati	EN FOR ANY ACTIO TERMINATION OF T conducted by at least tw of the Rules and Regula re been read by me/us; a ulations, as these Rules a he right to proceed dire on's documents and/or	N THE wo tions and and ectly the		

APPLICANT'S SIGNATURE		DATE	
CO-APPLICANT'S	SIGNATURE	DATE	
FOR USE BY ASSC	OCIATION ONLY:		
Approved:	Disapproved:	Director:	Date
Approved:	Disapproved:	Interviewer	Date