

**SEA CASTLE CONDOMINIUM
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	Telephone No.
Address	Date Hired
City/State/Zip	Supervisor's Name

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

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

SPOUSE'S EMPLOYER

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

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

Previous Employer	Telephone No.
Address	Date Hired
City/State/Zip	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



