

The Hammocks Condominium, Section III, Inc.

Application To: [] Lease [] Purchase

This application must be completed by proposed purchaser(s) or tenant(s) and submitted to the Hammocks III Board of Directors for approval together with any contract to lease or purchase. Note: Unit may be rented no more than 2 times per year for a minimum of 3 months and maximum of 6 months. (See By Laws)

NON-REFUNDABLE \$ 100.00 APPLICATION FEE : Paid to Hammocks Condominium, Section III, Inc. Is Required Prior to Processing Application.

Unit # _____ Owner's Name _____
Rental From _____ To _____ Purchase/ClosingDate _____
Name of Proposed Puchaser(s) to Tenant(s) _____
Age: _____ S.S. # _____
Marital Status _____ Spouse _____ S.S. # _____
Present Address _____ Ph. # _____
Have lived there from : _____ to : _____
Occupation: _____ Business Name _____
Business Address _____ Ph. # _____
Type of Business _____ Length of employment _____
Name and No. to call in case of emergency _____

Other Persons Who Will Occupy the Unit With You

Name: _____ Relationship _____ Age _____
Name: _____ Relationship _____ Age _____
Name: _____ Relationship _____ Age _____

Auto(s) – Family Type non-commerical

Vehicles only on premises

(See By Laws)

Year	Make	Type	Tag #
_____	_____	_____	_____
_____	_____	_____	_____

To purchaser only – 1 small pet is allowed. Description: _____
(See attached Rules and Regulation.)

Credit References (3)

Name _____ Addr. _____ Ph. # _____
Name _____ Addr. _____ Ph. # _____
Name _____ Addr. _____ Ph. # _____

Personal References (3) Non Family such as neighbor, co-worker

Name _____ Addr. _____ Ph. # _____
Name _____ Addr. _____ Ph. # _____
Name _____ Addr. _____ Ph. # _____

The Proposed Purchaser(s) or Tenant(s) Agree That He/She/They:

Have read the Condominium Rules & Regulations and will abide by the same.

Pay promptly any sums due the Associations, including compensation for any damages to the common elements of Association property, any fines levied pursuant to the Articles of Incorporation, And [if purchaser(s)] any assessments which come due for the unit subsequent to closing.

Agree to abide by the Association's Declaration of Condominium and by-laws.

Consent to make inquiry of the references provided.

Sales/Rental Agent or Owner Signature _____ Date _____

Proposed Purchaser(s) or Tenants(s) Signature(s)

_____ Date _____

_____ Date _____

The Hammocks III B.O.D. [] Approval [] Disapproval

By _____
Signature Title Date

Copy to:

Argus Property Management
2477 Stickney Point Rd
Suite 118A
Sarasota, FL 34231