

Willow Chase

"To protect and promote the interests of the Willow Chase Community while serving the needs of its members"

APPLICATION FOR PURCHASE OR LEASE

DATE OF APPLICATION: _____ CHECK ONE: FOR PURCHASE () LEASE ()

THIS FORM IS TO BE COMPLETED IN FULL BY THE APPLICANT(S) AND SUBMITTED TO WILLOW CHASE BOARD OF DIRECTORS FOR AN ORIENTATION SESSION TO BE HELD AFTER CLOSING WHEN POSSIBLE.

NAME SELLER(S): _____ LOT#: _____

NAME (S) OF BUYER(S): _____

NAME(S) OF LEASEE(S): _____

PROPERTY ADDRESS: _____

OCCUPANTS NAMES & RELATIONSHIP: _____

HOME PHONE: _____ CELL PHONE) _____

IF SALE, WHAT IS CLOSING DATE: _____

IF LEASE, WHAT IS MOVE IN DATE: _____

NAME OF REAL ESTATE BROKER/AGENT: _____
PHONE: _____

IF LEASE, PLEASE ATTACH COPY OF LEASE AGREEMENT: () ATTACHED
PLEASE NOTE: ON LEASES,

DO YOU OWN OR PLAN TO OWN A HOUSE PET? YES () NO () TYPE OF PET: _____

I/WE HAVE RECEIVED A COPY OF ALL WILLOW CHASE COMMUNITY ASSOCIATION, INC. GOVERNING DOCUMENTS, (LESSEE RECEIVES ONLY A COPY OF THE RULES AND REGULATIONS). (BUYER RECEIVES DECLARATION OF COVENANTS & DECLARATIONS, ARTICLES AND BYLAWS.)

(INITIAL HERE) _____
BUYER

I/WE HAVE READ AND UNDERSTAND THESE DOCUMENTS AND AGREE TO COMPLY WITH THEM. PLEASE SIGN BELOW:

_____ BUYER

_____ TENANT

Willow Chase Community Association, Inc. c/o Argus Management
2477 Stickney Point Road Suite 118A Sarasota, FL 34231
Phone - 941-927-6464 Fax 941-927-6767

December 2012

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CHECKLIST FOR ORIENTATION WITH BUYER(s) & LEASEE(s) (For Board or Committee Use Only)

OWNER/ LEASEE: _____

PROPERTY ADDRESS: _____

PHONE: _____ CELLPHONE _____

EMAIL: _____

DATE: _____

ORIENTATION PROVIDED BY: _____

- _____ Verify receipt of Declaration of Covenants & Restrictions; Articles & Bylaws *if a Sale*
- _____ No overnight parking in the street
- _____ Two (2) cars permitted in driveway and 2 cars in garage, except when a 3 car garage is present
- _____ No parking of cars, motorcycles, trailers, campers, RV's, conversion vans in yard, vacant lots, or recreation center parking lot
- _____ Association Maintains Landscaping- ARC changes for landscaping modifications require use of Association Landscaper
- _____ Trash pick-up on Wednesday -Trash pick- up and Recycling on Saturday.
- _____ No playground equipment, no basketball hoops
- _____ No sheds, exterior storage, or clothes lines
- _____ ARC required if you plan any change to the exterior of the original construction of your home or lot, Examples, water softeners, gutters, pavers, patio, pool, extend lanai, lighting, satellite dishes, and landscaping additions. Board of Directors approval required before any change.
- _____ PETS – Dogs and Cats not to run loose. Dogs on leash. Picking up after your dog.
- _____ Notify Management Company if you are renting or selling and submit Application Form for Buyer or a Tenant
- _____ No fishing or boating permitted in Lakes
- _____ Fitness Room, Basketball Court, Tennis Court, Playground
- _____ Pool and Recreation Area, Library
- _____ Website Information (owners only)
- _____ Gate Entry, Remotes, Gate Information
- _____ One Call Now – Communications System – Phone and Email for Association, Social and Emergency Information

COMMENTS:

Willow Chase

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ENTRANCE GATE TRANSPONDER, REC. CENTER KEY FOB, LIBRARY KEYS AGREEMENT

PLEASE REFERENCE RULES & REGULATIONS SECTION 6 FOR MORE DETAILS

MAY, 2012

RESIDENT(S) NAME: _____
(Please Print)

WILLOW CHASE ADDRESS: _____ LOT #: _____

OTHER ADDRESS: _____

PHONE # TO BE UTILIZED AT GATE: _____ LAND LINE CELL
PLEASE CHECK ONE

OTHER PHONE #: _____ LAND LINE CELL
PLEASE CHECK ONE

TRANSPONDER #: _____ TRANSPONDER #: _____

KEY FOB #: _____ KEY FOB #: _____

GATE ENTRY PERSONAL CODE #: _____

SHOULD REPLACEMENTS OR ADDITIONAL TRANSPONDERS, KEY &/OR FOBS BE REQUIRED, THE REGISTERED RESIDENT IS RESPONSIBLE FOR COST. TRANSPONDERS ARE \$35 EACH, KEY FOBS COST \$7.00 PER FOB AND KEYS COST \$5.00 PER KEY

PLEASE NOTE: THE SIGNING OF THIS AGREEMENT IS THE ACCEPTANCE OF RESPONSIBILITY FOR USE & MAINTENANCE OF THE TRANSPONDER, FOB AND KEYS.

RESIDENT SIGNATURE: _____ DATE: _____

BUILDER/REALTOR NAME: _____

PLEASE PROVIDE THIS INFORMATION SHEET TO PROPERTY MGMT COMPANY:

Bob Ortiz, ARGUS PROPERTY MGMT
2477 STICKNEY POINT RD. SUITE 118A
SARASOTA, FL 34231
941-927-6464 Ext 103 FAX: 941-927-6767 bob@argusmgmt.com