

SHOREHAM BEACH APPLICATION FOR APPROVAL OF SALE

NOTE: This application must be submitted to the Board of Directors, c/o Albanese Hollander, Inc. at P.O. Box 4257, Ormond Beach, FL 32175-4257 or emailed to adriana@albanesehollander.com, for approval at least 15 days prior to the Transfer of Title in case of a Sale.

General:

Unit # _____ CLOSING DATE: _____

PRESENT OWNER: _____

NAME OF BUYER: _____

CONTACT PHONE #: _____

OTHER OCCUPANTS? Y () N () If yes, Name(s): _____

PRESENT ADDRESS: _____

EMAIL ADDRESS: _____

NEW OWNER FUTURE ADDRESS: _____

Current Residence: Own Rent *Length of time at current address* _____

If length of time at current address is less than 5 years, then provide last 7 years addresses and whether or not they have been owned or rented:

Work Related:

Current Employer: _____

Length of time at job _____

If length of time is less than 5 years, the provide last 5 years history:

Financial/Legal:

Bankruptcy in last 7 years?

(Yes/No) _____ Resolution _____

Subject to a pending lawsuit? _____

Subject to any current lawsuit? _____

Ever been found guilty of a felony? _____

Please provide 3 personal references known for over 5 years, include name, relationship, contact data and length of acquaintance on an additional sheet of paper. Do not include family, clergy or realtors.

1st Signor: _____ Date _____ 2nd Signor _____ Date _____

The information provided here is provided solely for the purpose of considering membership in the Shoreham Beach Association. The Information will not be made available for any other purpose or to any other persons without prior written approval. Signature authorizes the Shoreham Beach Association to investigate the facts herein represented.