

Terrace VI at Heritage Cove Association, Inc.

Sale/Lease Application

This form must be submitted with a **\$100 or \$150 (for international applicants)** processing fee payable to **Tropical Isles Management Services** at least fifteen (15) days prior to any sale or lease of a unit. **NO ONE MAY PURCHASE OR LEASE A UNIT WITHOUT PRIOR BOARD APPROVAL AND SUBMISSION OF THIS FORM.**

Anticipated Closing Date: _____

PROPERTY ADDRESS: _____ **UNIT #** _____

BUYER(S) / LESSEE(S) INFORMATION:

FULL NAME OF APPLICANT: _____ SS# _____

FULL NAME OF SPOUSE/OTHER: _____ SS# _____

MAILING ADDRESS: _____

HOME PHONE: () _____ - _____ BUS. PHONE: () _____ - _____

CELL PHONE: () _____ - _____ EMAIL: _____

LEASE DATES (IF APPLICABLE) – FROM: _____ TO: _____

At least 1 person who owns or leases must be 55 years of age or older to reside and no one under 18 is allowed.

LESSEE(S): No pets are allowed and a ninety (90) days minimum stay is required.

OWNER(S): Only 2 small pets (dog(s) &/or cat(s)) up to 25 lbs may reside. Please list: _____

VEHICLE INFORMATION:

YEAR / MAKE / MODEL / COLOR: _____

LICENSE PLATE #: _____ STATE: _____

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LICENSE PLATE #: _____ STATE: _____

VEHICLE LIMITATIONS: Wheelbase width cannot exceed 82 inches and rear of vehicle cannot extend beyond carport roof.

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE FOR PROOF OF AGE AND THE BACKGROUND CHECK. THE FEE IS FOR PROCESSING THE APPLICATION AND COST OF THE BACKGROUND CHECK.

EMERGENCY CONTACT:

Name / Relationship: _____ / _____
ADDRESS: _____ PHONE: () _____ - _____

I/We have received and read a copy of both the HERITAGE COVE COMMUNITY ASSOCIATION'S & TERRACE VI AT HERITAGE COVE ASSOCIATION, INC. Rules and Regulations. I/We understand these Rules and Regulations and agree to abide by them as long as I/we reside in Heritage Cove. (Also found online at www.HeritageCoveWebsite.com)

BUYER'S SIGNATURE:

Buyer: _____ Date: _____
Co-Buyer: _____ Date: _____

BUYER'S AGENT Contact Info:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

SELLER'S APPROVAL:

Unit Owner: _____ Date: _____
-OR-
Licensed Realty Agent: _____ Date: _____

SELLER'S AGENT Contact Info:

CONTACT: _____
COMPANY: _____
ADDRESS: _____
PHONE: _____ FAX: _____
EMAIL: _____

ASSOCIATION'S APPROVAL:

Management: _____ Date: _____
Association Board: _____ Date: _____

[] Submit this APPLICATION and its accompaniments to
Kim Roedding, Tropical Isles Management

[] Submit an ESTOPPEL request to
Spires & Associates
FAX: (239) 936-4941

