

Allen Condominium Association
1711 Dixon Blvd Cocoa, FL 32926
Tel 321-636-1258 Fax 321-636-1980
allencondomgr@desolpm.com

Purchase Application

The application must be filled out in its entirety, all information is required. Do not leave blank spaces, the application will be returned to you and the process will be delayed.

Screening fees payable to: Allen Condominium Association
All Single adults over 18 years of age are \$50.00 each.
International background screenings are \$150.00 each adult

Screening fees must accompany the application, payable by certified check or money order only.
 A copy of the Sales Contract must accompany the application.
 A Photo ID must accompany the application.
 Social Security Card must accompany the application.

This procedure requires approximately fifteen (15) days after the completed application is received.
After this is completed you will be contacted for a personal interview with the property manager.

All applicants must be present at the interview or no approval will be issued.

You may not move in or close your sale until this process is completed. Please allow enough time for the Association to accomplish their tasks. You will be contacted for an appointment.

If the property is going to be leased immediately after closing, the prospective tenant must register with the condominium.

Please return all completed application forms and all applicable fees to:

De Sol Property Management, Inc.
8765 SW 165th Avenue Suite 109
Miami, FL 33193
Phone: 786-347-2758 Fax: 786-364-1215
Email: info@desolpm.com

Once screening is complete, property manager will complete approval process on site.

Purchase Application Form – Please Print Clearly

**All information must be filled in completely, do not leave blank spaces.
The application will be returned to you and the process will be delayed.**

Building/Unit: _____ Purchase___ Purchaser to occupy: Yes No__

Proposed Owner: _____ Phone: _____

Email Address: _____ Alt. Email Address: _____

Soc. Sec. # _____ Birth Date: _____ Marital Status: _____

If Married Spouse Name: _____

Spouse Soc. Sec. # _____ Spouse Birth Date: _____

Number of Dependents (M) _____ (F) _____

Names and Ages: _____

Pet Information

Pet Breed: _____ Age: _____ Weight: _____

Owners allowed 1 pet Max. Weight 25 lbs.

NO PIT BULLS, ROTTWEILER OR OTHER BREEDS DEEMED HARMFUL IN NATURE.

Vehicle Information

	<u>Year & Model</u>	<u>Tag #</u>
1.	_____	_____
2.	_____	_____

Drivers License # _____ State _____

Spouse Drivers License # _____ State _____

Employment Information

Employer Name: _____ Position: _____

How long: _____ Phone: _____ Income: \$ _____

Supervisor Name and Number: _____

Spouse Employer: _____ Position: _____

How long: _____ Phone: _____ Income: \$ _____

Supervisor Name and Number: _____

Personal References

Three letter of reference required, including one from your employer.

1. _____ Phone: _____
(name) (address) (city) (state) (zip)

2. _____ Phone: _____
(name) (address) (city) (state) (zip)

3. _____ Phone: _____
(name) (address) (city) (state) (zip)

Local Emergency Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please provide the following telephone numbers so that we can schedule an interview.

Work Phone Number _____

Home Phone Number _____

Cell Phone Number _____

Email Address _____

Return this application to the Association with the required application fee, and copy of the Sales Contract. All information must be filled in completely. If you leave blank spaces, the application will be returned to you and the process will be delayed. This procedure requires approximately fifteen days (15) after the completed application is received. You will be contacted for the interview appointment.

The Association shall within fifteen (15) days of interview either consent to or reject the applicant and the transaction as specified in the application by written notice. Good cause for rejection shall include but not be limited to: conviction of a felony, distribution or use of controlled substances, dishonesty or moral turpitude, disregard for rights and property of others, financial irresponsibility, disruptive behavior or behavior inconsistent with covenants and restrictions applicable to Allen Condominium Association.

The signing of this form gives Allen Condominium Association (or its assigns) the right to make credit, criminal, eviction and personal inquires in accord with the above information.

Date: _____ Real Estate Agent Name: _____

Signature: _____ Real Estate Agent Company _____

Spouse Signature: _____ Real Estate Agent Phone: _____

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Managed by: De Sol Property Management, Inc.