

LAS CASAS ASSOCIATION, INC.

**P.O. Box 722
Tallevast, Florida 34270**

APPLICATION TO PURCHASE-SELL

The undersigned requests approval of the Las Casas Condominium Association, Inc. to purchase Unit # .

- 1. Names of Applicant/Purchaser:**
- 2. Present Address:**
- 3. Telephone:**
- 4. Employer:**
- 5. Occupation**
- 6. Names of persons who will occupy the premises:**
- 7. Pets:**
- 8. Number of vehicles to be garaged at premises:**
- 9. Other type of vehicle, boat or trailer to be housed in Unit's Garage:**
- 10. Credit References:**
- 11. Personal Reference & Phone #:**
- 12. Holders of mortgage on Unit to be purchased (if financing has not yet been arranged, this information must be submitted prior to closing.)**

13. **The Association does not require an interview with potential purchasers/buyers but is available to answer any questions by potential buyers**
14. **Approval by the Association is required prior to any transfer of a unit. As per condominium documents, the Board has 20 days to approve all applications from the date of application, but will make every effort to respond as soon as possible once the application is received. Written Approval will be provided by the Association.**
15. **The undersigned has received a copy of the Declaration of Condominium and agrees to abide by the conditions set forth therein and by any and all other Rules and Regulations which have been adopted by the Board of Directors of The Las Casas Condominium Association, Inc.**
16. **An executed copy of the proposed contract must be submitted together with the application.**
17. **A non-refundable processing fee of \$75.00 must accompany this application.**
18. **As a 55 plus community, Federal Law requires that one of the occupant's of the unit be at least 55 years of age. Please furnish proof (driver's license, birth certificate, etc.) for all persons who will occupy the unit.**

OWNER/SELLER

Date

APPLICANT/PURCHASER

Date