

HOWELL PARK CONDOMINIUM ASSOCIATION
2401-07 Ardson Place ~ Corner Bayshore Boulevard
Tampa, FL 33629
Telephone ~ 813-251-0575
Fax ~ 813-251-2288

SALE APPLICATION

I/We _____ being owners of Unit
_____ located at 240 ____ S. Ardson Place intend to sell this unit.

I/We will, upon securing a prospective Buyer:

- Advise the Board of Directors as such
- Submit the required application form
- Submit a copy of the Sales Contract
- Submit the required \$100.00 application fee; \$45.00 background check and consumer credit report fee; payable to Howell Park Condominium Association
- Allow thirty (30) days for the Application Process
- **Interview is required prior to closing**

Dear Prospective Buyer(s) or Realtor,

Attached are the Application for Sale and the appropriate Howell Park Condominium Documents. The Association has 30 days to approve of this transaction after receiving the following:

- Completed Sale Application Form
- Executed Sales Contract
- \$100.00 application fee; \$45.00 background check and consumer credit report fee; payable to Howell Park Condominium Association
- Allow thirty (30) days for the Application Process
- Interview is required prior to closing

A Standing Real Estate Committee has been appointed to review all such requests. *The prospective buyer(s) will meet with the Real Estate Committee prior to the close of the sale. Failure to meet with the committee could result in a delay in processing. The Real Estate Committee will make a recommendation to the Board.* The Board of Directors has the final responsibility for approving all sale transfers.

The meeting with the Real Estate Committee is informative and educational for the prospective resident(s). The committee reviews condominium procedures and also answers any questions from the prospective buyer(s). This meeting usually lasts 30 minutes to one hour.

Thank you for selecting Howell Park Condominium as your new residence.

Board of Directors
Howell Park Condominium Association, Inc.

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“Application for Sale”

Howell Park Condominium Association is an “**Adult Community for persons 55 years of age or older**”. **Howell Park Condominium Association is not an Assisted Living Facility.**

Howell Park Condominium Association has a “**No Pet**” policy.

Is the unit to be used as a single-family residence (____) or for rental (____) purposes?

Applicant(s) Information

Applicant Name _____
Date of Birth _____ Social Security Number _____ - ____ - ____
Drivers License Number _____
Telephone # _____ Cell # _____
E-Mail _____

Co-Applicant _____
Date of Birth _____ Social Security Number _____ - ____ - ____
Drivers License Number _____
Telephone # _____ Cell # _____
E-Mail _____

Other Occupants

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

Residence History (the past five (5) years)

Current Street Address: _____

City/State/Zip Code: _____

Dates of Residency: From _____ To _____

Prior Residency Address: _____

City/State/Zip Code: _____

Dates of Residency: From _____ To _____

Have you previously lived in a condominium? Yes _____ No _____

Have you served on the Condominium Board of Directors? Yes _____ No _____

Employment History

Applicant Currently Employed? Yes _____ No _____

Applicant Retired? Yes _____ No _____

Employed by/ Retired from _____

Address _____

Telephone _____ Length of Employment _____

Co-Applicant employed by/ Retired from _____

Address _____

Telephone _____ Length of Employment _____

(If less than 5 years at present employment)

Applicants Prior Employer _____

Address _____

Dates _____ Telephone _____

Co-Applicant's Prior Employer _____

Address _____

Dates _____ Telephone _____

Bank References

Bank Reference (Name) _____

Address _____

Telephone _____ How Long? _____

Bank Reference (Name) _____

Address _____

Telephone _____ How Long? _____

Please give three (3) references that are not related that can be contacted

Local references preferred

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

Name _____

Address _____

Telephone # _____

The manager of Howell Park Condominiums is available to answer any questions regarding the rules and regulations that govern the Association. If you have any questions, please contact the manager prior to signing this application for occupancy

I (We) have received, read and understand the condominium documents and rules and regulations for Howell Park Condominium Association, Inc. I (We) agree to abide by all the provisions of these documents and by all rules and regulations made pursuant thereto.

By signing, the Applicant recognizes that Howell Park Condominium Association, Inc. or its authorized agent, may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding my character, banking history, present and prior residential history, and past and present employment history. I (We) agree to indemnify and hold harmless the above Association and its employees, officers, and directors, affiliates, sub-contractors and agents from any loss

expense, or damage which may result directly or indirectly from information or reports obtained.

Purchaser: There are certain limitations regarding the use of each residential unit and the common elements. It is your responsibility to know the restrictions and comply with all the rules and regulations contained in the condominium documents. You should obtain, read and understand all the Articles of Incorporation, Declaration of Condominium, By-Laws, Homeowners Manual, and any amendments from the seller, prior to signing this document.

I (We) understand and will comply with all the rules and regulations of Howell Park Condominium Association, Inc.

AS REQUIRED BY LAW, THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

APPLICANT

DATE

CO-APPLICANT

DATE