

WOODMILL POND CONDOMINIUM ASSOCIATION, INC.

Instructions for Sale Application Form

1. Fill out the Sale Application form in full.
2. A fully executed copy of the sale agreement must accompany the application.
3. A check or money order payable to Woodmill Pond Condominium Association in the amount of \$100.00 for the application fee must accompany this application.
4. All information and materials requested herein must be completed, executed and submitted to the Association, at the address below, **AT LEAST FOURTEEN (14) DAYS** prior to the expected date of closing.

Submit the entire package to:

Advantage Property Management, LLC
1111 S.E. Federal Highway, Suite 100
Stuart, FL 34994
(772) 288-0175 FAX
advantagepm@bellsouth.net

Should you have any questions, please contact Advantage Property Management, LLC at (772) 334-8900.

Thank you,

**The Board of Directors
Woodmill Pond Condominium Association, Inc.**

WOODMILL POND CONDOMINIUM ASSOCIATION, INC.

C/O Advantage Property Management, LLC
1111 S.E. Federal Highway, Suite 100
Stuart, FL 34994
Phone: (772) 334-8900 Fax: (772) 288-0175

NOTICE OF INTENT TO SELL

I/WE DO HEREBY NOTIFY THE WOODMILL POND CONDOMINIUM ASSOCIATION, INC. OF THE INTENT TO SELL THE UNIT AS FOLLOWS:

UNIT ADDRESS: _____

CURRENT OWNER: _____

PROSPECTIVE BUYER(S): _____

OTHER PERSONS WHO WILL OCCUPY THE UNIT:

NAME	AGE	RELATIONSHIP TO BUYER(S)
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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CLOSING DATE _____

SELLER'S SIGNATURE:

_____ DATE _____

_____ DATE _____

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SALE APPLICATION FORM

Note: In order for Advantage Property Management, LLC to have complete and updated resident information, all applications must include the following information for the prospective buyer(s).

Date: _____

Please print information.

Applicant Name: _____

Employer Name, Address, Telephone: _____

Spouse: _____

Employer Name, Address, Telephone: _____

Property Address: _____

Other Occupants: Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Home Phone: _____ Work Phone: _____

Second Address: _____

(if applicable)

Emergency Contact: Name _____ Phone Number _____

List all vehicles:

Make	Model	Year	Color	License Plate#
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Type of pets (write NONE if no pets):

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REFERENCES:

1. Name & Phone Number: _____
Complete Address: _____
2. Name & Phone Number: _____
Complete Address: _____
3. Name & Phone Number: _____
Complete Address: _____

I/We represent that the information contained in this application is factual and true and I/We are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/We consent to further inquiry concerning this application.

Signature

Date

Signature

Date

Address to mail Original Certificate of Approval

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AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND POLICE RECORD INFORMATION

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit residence, employment, and background in reference with my/our application made for residency.

DESIGNATED PARTY: FEDERAL BACKGROUND SERVICES, INC. or WOODMILL POND CONDOMINIUM ASSOC., INC.

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE: _____

Association: _____

RESIDENTIAL SCREENING AUTHORIZATION

Print Name: _____

Address: _____

City, State, and Zip: _____

SSN: _____ DOB: _____

Current Employer

Company: _____ N/A _____ Tel.#: _____ N/A _____

Position: _____ N/A _____ Salary: _____ N/A _____

Dates of Employment: From: _____ N/A _____ To: _____ N/A _____

Current and Previous Landlords

Current Landlord: _____ N/A _____ Telephone: _____ N/A _____

Lived there from: _____ N/A _____ To: _____ N/A _____

Current Landlord: _____ N/A _____ Telephone: _____ N/A _____

Lived there from: _____ N/A _____ To: _____ N/A _____

I give my full authorization to obtain my Credit Report, Criminal History Record and Eviction Records and to verify the above information.

Signature: _____ Date: _____

Print Name: _____

Must be filled out by all Adults residing in Unit.