

COMPLETED APPLICATION MUST BE SUBMITTED AT LEAST 20 DAYS PRIOR TO OCCUPANCY

CURLEW LANDINGS HOMEOWNERS ASSOCIATION  
2350 BAYSHORE BLVD.  
DUNEDIN, FL 34698

\*\*\*In order for an application to be considered, a completed form (filled out in its entirety) must be accompanied by a certified check or money order in the amount of \$150.00, made payable to Curlew Landings Homeowners Association. This is a non-refundable processing fee. **Please note: Capital Contribution Fund fee of \$500 will be required from the purchaser by Curlew Landings HOA. (Board approved 10/15/09)**

( ) I (We) hereby apply for approval to purchase \_\_\_\_\_ in Curlew Landings and to apply for membership in the Curlew Landings Homeowners Association. A copy of the proposed purchase contract is attached. **Please note: Capital Contribution Fund fee of \$500 will be required from the purchaser by Curlew Landings HOA. (Board approved 10/15/09)**

( ) I (We) hereby apply for approval to lease \_\_\_\_\_ in Curlew Landings for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. A copy of the proposed lease is attached.

( ) I (We) hereby apply for approval to lease Apartment No. \_\_\_\_\_ in Curlew Landings for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_

2. Full name of Spouse: \_\_\_\_\_  
D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Employer: \_\_\_\_\_  
Position Held: \_\_\_\_\_

3. Current Home Address: \_\_\_\_\_

4. The documents of the Homeowners' Association provide an obligation of unit owners that all units are for single-family residence only. Please state the name, relationship, and age of all other persons who will be occupying the unit on a regular basis.

NAME	RELATIONSHIP	AGE

5. List three (3) personal references (local, if possible), with phone & address contact information.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Person to be notified in case of emergency:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

7. Make of car(s): \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_  
Make of car(s): \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_

8. Mailing address for billings and notices connected with this application:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City & State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

9. Name of Unit Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Rental Agent/Company: \_\_\_\_\_ Phone: \_\_\_\_\_

11. If this transaction is a sale: I am purchasing this unit with the intention to (  ) reside here on a full time basis; (  ) reside here part time; (  ) lease the unit. Please check the box which applies. . **Please note: Capital Contribution Fund fee of \$500 will be required from the purchaser by Curlew Landings HOA. (Board approved 10/15/09)**

12. I am aware of, and agree to abide by the Association documents and Rules and Regulations of Curlew Landings. I acknowledge receipt of a copy of the Association's By-Laws.

Initial & Date: \_\_\_\_\_

13. I understand and agree that the Association, in the event it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by leasee and their guests, of provisions of the Documents and the Rules and Regulations of the Association.

14. Every new owner should receive a copy of the By-Laws from the former owner, or can obtain a duplication copy from the Association.

15. Pets are not permitted by tenants and guests.

\_\_\_\_\_  
Applicant Date Applicant Date

(  ) Application Approved

(  ) Application Denied

\_\_\_\_\_  
Director's Signature Date