

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.

- () 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: A Capital Contribution Fund fee of \$500 will be required from the purchaser by Curlew Landings HOA – to be paid at the time of closing.** (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