Addison Estates Homeowner Association C/0 Prestige Accounting & Bookkeeping 7134 W Mcnab Rd Tamarac, FL 33321

APPLICATION FOR PURCHASE OR LEASE INSTRUCTIONS

<u>Complete all sections of this application in full.</u> If any information is missing the application will be returned for completion, delaying the processing of the application. All information must be **PRINTED.**

Include a <u>non-refundable</u> screening/application fee as follows: \$250.00 for one adult or married couple. Add \$50.00 for each additional adult.

Allow a minimum of ten (10) business days from our receipt of this completed application for the processing and review by the Board of Directors.

After your application has been processed and reviewed, you will be contacted to schedule an appointment for the next available interview date and time.

BOARD APPROVAL REQUIRED PRIOR TO CLOSING AND OCCUPANCY.

An interview and screening by the Board of Directors or its agent is required. Interviews are conducted as soon as possible after application is processed.

Submit this <u>completed application</u> to **Prestige Accounting & Bookkeeping**. Please include your check(s) made payable to:

Addison Estates Homeowner Association

C/O 7134 W McNab Rd.

Tamarac, FL 33231

I/We submit the following to Waterpoint Condominium Association Board of Directors regarding my/our prospective purchase / lease of the property located at:

1. Property Address:			
2. Estimated Closing/ Occup	pancy Date:		
3. Current Date:			
Phone:	Alt./cell		
<u>APPLI</u>	ICANTS/ OCCUPANTS		
Adults 1:	Date of Birth:		
Social Sec. No:	·		
Drivers License No:	State:		
Adults 1:	Date of Birth:		
Social Sec. No:	·		
Drivers License No:	State:		
Adults 1:	Date of Birth:		
Social Sec. No:	·		
Drivers License No:	State:		
	licants) that will reside in the home on a "permaner als that will spend two or more overnights per month		
<u>Full Name</u>	Birth Date Relationship to Applicar		
			

RESIDENCE HISTORY

Present Address		0	//NKENI			
City:	State:		_Phone:			
Apt. or Condo Name (if Applicable)						
Date of Residency: From		_ To:_				
Name of Landlord or Mortgage Holder_						
Phone :						
Previous Address						
City:	State:		_Phone:			
Apt. or Condo Name (if Applicable)						
Date of Residency: From		_ To:_				
Name of Landlord or Mortgage Holder_						
Phone :						
Previous address:						
City:	State:		_Phone:			
Apt. or Condo Name (if Applicable)						
Date of Residency: From		_ To:_				
Name of Landlord or Mortgage Holder_						
Phone :						
EMPLOYMENT						
Adult #1- Employer						
Employer's Address						
Employer's Phone						

Adult #2- Employer		
Employer's Address		
Employer's Phone		
Adult #3- Employer		
Employer's Address		
Employer's Phone		
	VEHICLE IN	<u>FORMATION</u>
Vehicle #1		
Year	_Manufacturer	Model
License Plate#_		State
Vehicle #2		
Year	_Manufacturer	Model
License Plate#_		State
Vehicle #3		
Year	_Manufacturer	Model
License Plate#_		State
information submitted of	on this application. I/	Association and/ or its agent to verify the We realize that this includes but is not ck on all the adults which will own and or
license, professional lic deemed necessary. I un interviewing process ar	ense, vehicle informanderstand that this in a will be kept in strice	rship, credit, bankruptcy, criminal, driver ation and other information which may be aformation will be used solely for the ct confidence. I hereby hold the Corporation he gathering and verification of such
Signature of Adult (1)_		
Signature of Adult (2)_		