

## Terrace VI at Heritage Cove Association, Inc. Sale/Lease Application

This form must be submitted with a \$100 or \$150 (for international applicants) processing fee payable to Tropical Isles Management Services at least fifteen (15) days prior to any sale or lease of a unit. NO ONE MAY PURCHASE OR LEASE A UNIT WITHOUT PRIOR BOARD APPROVAL AND SUBMISSION OF THIS FORM.

THIS FORM.				Anticipated Closing Date:		
PROPERTY ADDRESS:				UNIT #		
BUYER(S) / LESSEI	E(S) II	NFORM	ATION:			
FULL NAME OF SPOUS	SE/OTH	ER:		SS#		
HOME PHONE: CELL PHONE:				BUS. PHONE: ( )		
LEASE DATES (IF APPLICABLE) – FROM:				TO:		
At least 1 person who own	s or leas	ses must b	e 55 years of a	age or older to reside and no one under 18 is allowed.		
LESSEE(S): No pets are a OWNER(S): Only 2 smal			• • •	minimum stay is required.  25 lbs may reside. Please list:		
VEHICLE INFORM	MATI	ON:				
YEAR / MAKE / MODE LICENSE PLATE # YEAR / MAKE / MODE	#:			STATE:		
LICENSE PLATE #	#:			STATE:		
VEHICLE LIMITATION	ONS: W	heelbase wid	lth cannot exceed	82 inches and rear of vehicle cannot extend beyond carport roof.		

PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE FOR PROOF OF AGE AND THE BACKGROUND CHECK. THE FEE IS FOR PROCESSING THE APPLICATION AND COST OF THE BACKGROUND CHECK.



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ADDRESS:	PHONE: (	)
I/We have received and read a copy of both the HERITAGE HERITAGE COVE ASSOCIATION, INC. Rules and Regulation by them as long as I/we reside in Heritage Cove. (Also found online)	s. I/We understand these Ru	les and Regulations and agree to ab
BUYER(S) / LESSEE(S) SIGNATURE:		
Buyer / Lessee:		Date:
		Date:
BUYER'S AGENT Contact Info:		
COMPANY:		
PHONE:		
EMAII		
EMAII		
EMAIL:		Date:
SELLER(S) / LESSOR(S) APPROVAL:		
SELLER(S) / LESSOR(S) APPROVAL: Unit Owner:		
SELLER(S) / LESSOR(S) APPROVAL:  Unit Owner:  -OR- Licensed Realty Agent:  SELLER'S AGENT Contact Info:  CONTACT:  COMPANY:		Date:
SELLER(S) / LESSOR(S) APPROVAL:  Unit Owner:  -OR- Licensed Realty Agent:  SELLER'S AGENT Contact Info:  CONTACT: COMPANY:		Date:
SELLER(S) / LESSOR(S) APPROVAL:  Unit Owner:  -OR- Licensed Realty Agent:  SELLER'S AGENT Contact Info:  CONTACT: COMPANY: ADDRESS:		Date:
SELLER(S) / LESSOR(S) APPROVAL:  Unit Owner:  -OR- Licensed Realty Agent:  SELLER'S AGENT Contact Info:  CONTACT: COMPANY: ADDRESS:  PHONE: EMAIL:		Date:
SELLER(S) / LESSOR(S) APPROVAL:  Unit Owner:  -OR- Licensed Realty Agent:  SELLER'S AGENT Contact Info:  CONTACT: COMPANY: ADDRESS: PHONE:	FAX:	Date:

[ ] Submit this APPLICATION and its accompaniments to Kim Roedding, Tropical Isles Management [ ] Submit an ESTOPPEL request to Spires & Associates FAX: (239) 936-4941

