ISLAND COURT VENICE CONDOMINIUM ASSOCIATION, INC.

c/o: RealManage 460 N. Tamiami Trail Osprey, FL 34229 ISLCOURT@ciramail.com

APPLICATION FOR SALE OF UNIT AND APPROVAL

A copy of the Sales contract and a non-refundable fee of \$100.00 must accompany this application, payable to Island Court Condominium Association, Inc.

Please return required documents 30 days prior to occupancy period for processing.

Closing agents please visit <u>www.ciranet.com</u> closing portal to request estoppels and start the closing process.

| Seller: | S | eller: | | |
|--------------------------------|---------------------------------|-------------------|-------------------------|------------|
| ****** | ****** | ****** | ***** | |
| | PURCHASER'S | STATEMEN | <u>NT</u> | |
| Buyer's Name: | Spouse Name: | | | |
| Buyer's SS#: | | | | |
| Buyer's DOB: | | | | |
| Buyer's Dr. Lic. # | | Spouse Dr. Lic. # | | |
| Present Address: | | | | |
| Home Phone: | Residency Intent | ions: Y | | |
| Business or Profession (Preser | | | | |
| Position Occupied: | Active or | Retired: _ | | - |
| Bank References: 1 2 | | | | |
| Credit References: 1 2 | | | | |
| Name of Real Estate Co/Agent | t: (if any) | | Phone: _ | |
| Other persons who will occup | by the unit with you (ma | iximum to | tal occupancy: 6 relate | <u>ed)</u> |
| Name: | Age: | | Relationship: | |
| Name: | Age: | | Relationship: | |
| Name: | | | | |
| Name: | Age: | | Relationship: | |

Vehicle Information: How Many: _____

| Make: | Model: | Year: State: | Tag #: |
|-------|--------|--------------|--------|
| Make: | Model: | Year: State: | Tag #: |

Pets: No _____ Yes _____

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Only two pets (dogs/cats) allowed.

Dogs MUST be leashed. The owner is responsible for disposal of all excrement from all areas.

 Type: 1. ______
 Weight _____

 Type: 2. ______
 Weight ______

I have read and received a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, and Rules and Regulations of Island Court Condominium Association, Inc. and understand my responsibilities as an owner. I agree to abide by the provisions of said documents.

| Date of Closing Signature of Applicant for Purchaser | | Date | |
|--|--|------------------|------|
| Date of Closing | Signature of Applicant for Purchaser | | Date |
| Closing Agent | ······································ | Telephone Number | Date |

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless, Lighthouse Property Management, Inc. and all providers of information on the prospective buyer(s) stated above. In the event that the information provided by me (us) is found to be misleading or false my acceptance for this purchase, whether determination is made before or after my data of occupancy, may be affected.

I do hereby authorize with my (our) signatures(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, and all its members now and in the future.

| Date | |
|---------------------|---|
| Signature Applicant | - |
| Date | |
| Signature Applicant | - |
| | |

Action of Board of Directors:

| Date: | Approved: | Disapproved: |
|----------------------|-----------|---------------|
| | | |
| Director's Signature | Title | |
| | | Eabruary 26 2 |

February 26, 2025