

VIVIENDA WEST CONDOMINIUM ASSOCIATION

Mail to: Sunstate Management Association, PO Box 18809, Sarasota, FL 34276

APPLICATION FOR APPROVAL OF SALE OF UNIT #___ /ADDRESS: _____

Note: At least 48 hours are required to review the application. Application Fee is \$50.00

CURRENT OWNER INFORMATION

Current Owner Name(s):	
Mortgage or Trust Holder (if any):	

REAL ESTATE COMPANY	REAL ESTATE CONTACT NAME	REAL ESTATE BROKER CONTACT #

PROSPECTIVE BUYER INFORMATION

Note: As provided as an amendment to the Declaration of Condominium of Vivienda West, dated January 31, 2003, Vivienda West is an over-55 Condominium. Therefore, the Board of Directors must ascertain that residents are, in fact, 55 years of age or older. It is requested that you provide a copy of a valid driver's license, birth certificate or other proof of age along with this application.

DESCRIPTION	NAME	OCCUPATION (if retired, last occupation)	CONTACT PHONE #	BIRTH DATE	DRIVER LICENSE STATE & NUMBER
Buyer #1:					
Buyer #2:					
Occupant #1:					
Occupant #2:					
Occupant #3:					
Occupant #4:					

PERSONAL & CREDIT REFERENCE INFORMATION

DESCRIPTION	NAME	ADDRESS	TELEPHONE NUMBER
Personal #1:			
Personal #2:			
Credit #1:			
Credit #2:			

PETS: Limited to 1 cat or 1 dog weighing under 25 pounds at adulthood. Note: The following breed of dogs are not permitted - Pit Bull, German Shepherd, Doberman Pinscher, Rottweiler, Chow Chows or Bull Mastiff

Type of Pet to Occupy the Unit (if any):

I/We, the undersigned, have read the Declaration of Condominium, the By-Laws, the Rules and Regulations of Vivienda West Condominium and agree to abide by the same.

PARTY	PRINTED NAME	SIGNATURE	PARTY	PRINTED NAME	SIGNATURE
Buyer #1:			For Mortgage or Trust (if any):		
Buyer #2:			VWCA Board of Directors:		
Date:			Date:		