

# Keel Club Condominium Association, Inc.

## Sales Application

**SUBMIT APPLICATION AT LEAST 10 DAYS PRIOR TO CLOSING**

**MUST INCLUDE:**

- COMPLETED APPLICATION
- COPY OF EXECUTED PURCHASE CONTRACT
- COPY OF DRIVER'S LICENSE OF EACH ADULT
- \$150.00 NON-REFUNDABLE PROCESSING FEE MADE PAYABLE TO COMPASS ROSE MANAGEMENT (A RUSH/EXPEDITE FEE OF \$50.00 TO COMPASS ROSE WILL BE ADDED TO ANY APPLICATION WITH LESS THAN 1 WEEKS' NOTICE TO PROCESS).

(Seller – ESTOPPEL REQUEST THROUGH HOMEWISE at [www.homewisedocs.com](http://www.homewisedocs.com))

(Buyer – Consent to Transfer fee of \$150 will be collected at closing)

**\*\*\*Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. All fees are non-refundable.\*\*\***

Date \_\_\_\_\_ Date of Closing \_\_\_\_\_ Purchase Price \_\_\_\_\_

Address of Unit Being Purchased \_\_\_\_\_

Name of Current Owner \_\_\_\_\_

Purchaser Information: \_\_\_\_\_ Number of people to occupy unit \_\_\_\_\_

Applicant \_\_\_\_\_ Contact Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant \_\_\_\_\_ Contact Phone # \_\_\_\_\_

E-mail \_\_\_\_\_

I wish to opt in to receive email communication from the Management office with the email address you have provided above. Opt In: \_\_\_\_\_ Opt Out: \_\_\_\_\_ \*\*You can opt out at any time through the email service provider.

**Other Occupant(s)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**Make of automobile(s), RV(s), or Boat/year/license number :**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**Indicate Use:** Permanent Residence \_\_\_\_\_ Investment \_\_\_\_\_ Seasonal Residence \_\_\_\_\_ Lease Unit \_\_\_\_\_

Other (Specify) \_\_\_\_\_



**COMPASS ROSE**  
MANAGEMENT  
SETTING A COURSE FOR YOUR COMMUNITY

Name Closing Agent \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

Name of Title Company \_\_\_\_\_

Agent Contact Info \_\_\_\_\_

**In case of Emergency Notify:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address for Billings & Notices: \_\_\_\_\_

Do you have a pet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Name: \_\_\_\_\_ Type/Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_

Applicant(s) acknowledge having reviewed and understood the Declaration of Condominium, The Articles of Incorporation, Bylaws, and any and all their properly promulgated Rules & Regulations of Keel Club Condominium Association, Inc. and their respective neighborhood association. I hereby agree to abide by these Rules and Regulations as a condition of this purchase agreement.

\_\_\_\_\_  
Initials Initials

I will provide the Association with a copy of our recorded deed within ten days after closing and I agree to abide by the rules and regulations as established in the Declaration of Condominium of Keel Club Condominium Association, Inc. and any other rules promulgated from time to time by the Board of Directors.

I understand and agree that the Association, in the event a unit is leased, is authorized to take whatever action may be required to act as the owner's agent, including eviction, to prevent violations by lessees and their guests.

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

( ) Applicant Approved

( ) Applicant Disapproved

\_\_\_\_\_  
Association President/Board Member

\_\_\_\_\_  
Date



**COMPASS ROSE**  
MANAGEMENT  
SETTING A COURSE FOR YOUR COMMUNITY