APPLICATION FOR PURCHASE OR LEASE

Laura Street Townhomes of Clearwater, HOA Inc DeSantis Community Management LLC

Mailing Address: 2931 Macalpin Dr S, Palm Harbor FL 34684 Office Address: 801 W Bay Dr, Ste 406, Largo FL 33770 Ph: (727) 642-0188; Email: Info@DeSantisMgmt.com

INSTRUCTIONS: This form must be completed and returned five (5) days in advance of any sale or lease. Lease term must be a minimum of 5 months and no sub-letting is allowed. Please submit this application, copies of driver's license and application fee for \$75.00 made payable to Laura Street Townhomes to the above address. Background fee of \$50.00 per person made payable to DeSantis Community Management LLC.

DATE:	
ADDRESS OF PROPERTY:	
IF SALE, PROPOSED DATE OF CLOSING:	IF LEASE, DATES
OF LEASE: From:	To:
SEND APPROVAL TO: EMAIL:	
PERSON AND PLACE HANDLING THE CL	OSING:
ADDRESS: CITY:	STATE: ZIP:
	PHONE:
NAME(S) OF PRESENT OWNER(S):	
EMAIL OF PRESENT OWNER(S):	
WE REPRESENT THAT THE FOLLOWING FURTHER INQUIRY.	INFORMATION IS TRUE AND CONSENT TO
NEW OWNER(S) OR TENANT(S):	
NAME:	_ D.O.B
	DRIVER LICENSE#:
	PHONE NUMBERS:

EMAIL:

NAME:	D.O.B.	
	DRIVI	ER LICENSE#:
	PHONI	E NUMBERS:
	EMAIL:	
Please use additional paper if 1	nore than two applicants.	
PRESENT ADDRESS:	CITY:	STATE: ZIP:
PERMANENT ADDRESS A	FTER CLOSING:	
PLEASE LIST NAMES AND BE RESIDING IN UNIT:	D.O.B. OF ALL ADDITIO	ONAL PEOPLE WHO WILL
AND/OR CONVICTED OF A	CRIME? IF YES, PLEASI	SIDENCY EVER BEEN ARRESTED E EXPLAIN:
PETS: ONLY ONE DOMEST HOUSEHOLD PETS. ALL D OUTSIDE, OR KEPT 'WITHI WEIGHT OF ANY DOG/CA' DROPPINGS MUST BE PICI DO YOU HAVE ANY?	OGS/CATS SHALL BE KE IN AN ENCLOSED AREA IT SHALL NOT EXCEED 2 KED UP AND REMOVED	EPT ON A LEASH WHILE OF YOUR LOT. MAXIMUM 25 POUNDS. ALL PET IMMEDIATELY.
DO TOO HAVE ANT:	now man :	WEIGHT OF EACH:
IN CASE OF EMERGENCY P	LEASE NOTIFY:	
ADDRESS:		PHONE:
EMAIL:		
IF YOU ARE A PURCHASE THE ASSOCIATION'S DOC		

IF YOU ARE A TENANT YOU ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS OF THE ASSOCIATION AND AGREE TO ABIDE BY THEM, INCLUDING AN INTERVIEW BY THE BOARD PRIOR TO MOVING IN.

PLEASE BE ADVISED THAT FAILURE TO ABIDE BY THE ASSOCIATION'S DOCUMENTS AND RULES AND REGULATIONS MY RESULT IN REVOCATION OF THIS APPROVAL AND/OR OTHER ACTION(S) AS ALLOWED BY THE DOCUMENTS OR PROVISIONS OF APPLICABLE LAW(S).

SIGNATURE OF PURCHASI	ER(S) OR $TENANT(S)$:	
DATE:	X	
DATE:	X	
BOARD ACTION:		
APPROVED:	(Title)	DATE
DISAPPROVED:	(Title)	DATE
ASSOCIATION REFERENCE ASSESSMENTS, SPECIAL A PAID IN FULL THROUGH T	ED ABOVE (INCLUDING, ASSESSMENTS, LATE OR THE DATE OF THE CLOSI ANAGEMENT WITHIN FI	NCIAL MATTERS WITH THE BUT NOT LIMITED TO MONTHLY LEGAL FEES, FINES, ETC.) BEING NG. THIS APPROVAL MUST BE VE (5) DAYS PRECEDING THE E UNIT.
AMTOUNT OF MONTHLY	ASSESSMENT: \$	PAID/UNPAID THROUGH:
SPECIAL ASSESSMENT DU	JE: OTHER	MISC. CHARGES:

Laura Street Townhomes of Clearwater Homeowners Association Inc

<u>Please return to</u>: DeSantis Community Management, LLC

Mailing Address: 2931 Macalpin Dr, Palm Harbor, FL 34684 Office Address: 801 W Bay Dr, Ste 406, Largo FL 33779

Phone/Fax 727.440.5225

Email Info@DeSantisMgmt.com

Application is hereby made for approval of	the Purchase of the be	low condominium unit:	
Association: Dartmouth # 302	Unit #:	Parking Space #:	
I/We represent that the following information. Initials,	nation is true and cons	sent to your further inquiry c	oncerning the
(Note: blank spaces of lack of complete application and/or closing)	names and addresses	could result in a delay in app	proval of your
Applicant Name:		Date of Birth:	
Social Security Number:		Phone Number:	
Present Address:			
Drivers License Number:			
Spouse/Applicant #2 Name:		Date of Birth:	
Social Security Number:		Phone Number:	
Present Address:			
Drivers License Number:	Email:		
Number of persons to occupy unit:			

AUTHORIZATION OF RELEASE OF INFORMATION – Applicant(s) represents that all of the above information and statements on the application for sale are true and complete, and hereby authorizes an investigative report, including but not limited to residential history (rental or mortgage), employment history, criminal history records and court records. This application must be signed before it can be processed by management. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this state. I/We hereby authorize the Association and/or their agent to conduct a background check including a criminal background check for prospective buyers. The results of the background check shall remain confidential. The Board of Directors and their agents will be held harmless from any action or claim by me in connection with the use of the information contained herein.

Applicant's Signature	Date	Applicant's Signature	Date
Applicant's Printed Name		Applicant's Printed Name	