

Maple Lakes Homeowners' Association, Inc.



A Florida Corporation Not For Profit

INSTRUCTIONS FOR COMPLETING THIS APPLICATION TO PURCHASE

- 1. Please print legibly or type information. Complete addresses & phone numbers are required.
- 2. If any questions are unanswered or left blank, this application will be returned unprocessed.
- 3. Missing information or lack of requested documents will cause delays in processing & approval of your application.
- 4. Only the prospective owners are authorized to sign this form.
- 5. A \$150.00 Application Fee, payable by check or money order payable to Maple Lakes Home Owners Association, Inc., is to be submitted/mailed with the completed application to address below.



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APPLICATION FOR APPROVAL TO PURCHASE

Address to purchase:___

To facilitate considerant formation is factual. Application will result in nequiry concerning this application and any criminal records also residence is limited to a single factor.	ant is aware that any fa automatic rejection. A ation, particularly of the may be checked by the	Isification or misrep Applicant consents e references provide Association and ve	to the making of further ed. Employment records crified. Occupancy of the
Full name of Applicant			
Full name of Applicant Birth Date	Phone		
Email			
Occupation/Employer			
Personnel Director	Phon	e	
Full Name of Applicant			
Birth Date	Phone		
Occupation/Employer			
Full name, and relationship to a ncluding children: NAME and RELATIONSHIP		-	
Present address of Applicant(s)	·		
Street			
State Zip H	low Long		
State Zip H Present phone: Home ()	Office ()		
Email:			
Vehicles to be kept at Maple La	akes residence (provide	address):	
MakeType			
MakeType	YearTag No_	State	<u>—</u> .
Drv Lic. #	Drv Lic. #		
00750447-1 Maple Lakes Homeo	owners Association, Inc.		

Applicant understands that no overnight parking on the streets is allowed except as otherwise permitted by the Association for special events. There shall be no parking on the sidewalks or lawn areas at any time.

Will you be using this prental Please					
Pets are permitted but disposal of all excreme			gs must be leash	ned and owner re	sponsible for
Do you have a pet(s)?	Yes	No	Type of Pet		Weight
Person to be notified in	_	•			
Name					
Address City, State, Zip					
Phone No (including a					
(Office)					
Mailing address, if diffe					_
Address City, State, Zip					_
Phone					
No (including area cod	le) (Home)		Office		
The proposed Purchas • Have read the governments • Pay promptly any surcommon elements or and (if purchaser(s)) are	er(s) Agree that ning Rules & Re ms due to the as Association prop	He/She/' egulations a ssociation, perty, any	nt http://www.M including compe fines levied purs	MapleLakes.info ensation for any uant to the Asso	damages to the ciation By-Laws
Dated:	Applicant:				
Dated:	Applicant:				
==========	======	=====:	=======	======	=======
FOR HOA OFFICE U	JSE ONLY				
RECEIPT:			Б		
Received by:			Date		
BOARD ACTION: A Signature					-