

**Las Vistas in Inverrary Condominium Association, Inc.**

**ADDITIONAL APPLICATION**

**for the Purchase of a Unit**

Unit to be Purchased: Bldg: \_\_\_\_\_ Unit: \_\_\_\_\_

**If the sale is to more than one person, each one must present an application.**

**Please Print all Information Legibly**

**ADDITIONAL PURCHASER:**

Please check one: Mr. \_\_\_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

D.O.B. Month \_\_\_\_\_ Day \_\_\_\_\_ Year: \_\_\_\_\_

**If the following information is the same as the other applicant's, please indicate: Yes \_\_\_\_\_ No \_\_\_\_\_**

**If Yes, proceed immediately to Page 3**

**If No, please complete all sections:**

Current Address: \_\_\_\_\_

\_\_\_\_\_ Zip (Area) Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Additional Telephone Number, if Applicable: (\_\_\_\_) \_\_\_\_\_

How long have you resided at your current residence: Month \_\_\_\_\_ Year \_\_\_\_\_

Owner or renter?: Owner \_\_\_\_\_ Renter: \_\_\_\_\_

If owner, do you have a mortgage? Yes \_\_\_\_\_ No: \_\_\_\_\_

If Yes, name of lending institution: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

Account number: \_\_\_\_\_

If renter: Landlord's name:

\_\_\_\_\_ Phone: \_\_\_\_\_

Address : \_\_\_\_\_

If residence is less than 2 years: # of Years: \_\_\_\_\_

Previous address:

\_\_\_\_\_  
\_\_\_\_\_

**SPOUSE OR COMPANION:**

Please check one: Mr. \_\_\_ Mrs. \_\_\_\_\_ Ms: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

D.O.B. Month \_\_\_ Day \_\_\_ Year:

Relationship to Owner: \_\_\_\_\_

**TOTAL YEARLY HOUSEHOLD INCOME:**

Social Security or Other Government Retirement Benefits: \$ \_\_\_\_\_

Pension Fund: \$ \_\_\_\_\_ From what Source: \_\_\_\_\_

Total Salaries: \$ \_\_\_\_\_

Other Income - Please explain:

\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN:**

NAME	AGE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRAND CHILDREN:**

NAME	AGE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER OCCUPANTS:** If other people will occupy the unit, please indicate: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please Note: A separate application is required for anyone listed as "Other Occupant" including background checks and identification documents.*

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES:** These people should not be related to you.

<u>NAME:</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT:**

**FIRST CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

**SECOND CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

**VEHICLE INFORMATION:** Please note that Motorcycles; Scooters; Commercial Vehicles; Mobile Homes; Campers; Recreational Vehicles (RV); are not allowed to park in the Las Vistas in Inverrary Condominium Association, Inc. property. All trucks are subject to specifications as described in our By-Laws, Sections 12 and 13.

How many vehicles will you park on the property (Up to a maximum of 2 Allowed): \_\_\_\_\_

**Vehicle # 1:**

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
Plate number: \_\_\_\_\_ State or Province \_\_\_\_\_

**Vehicle # 2:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
Plate Number \_\_\_\_\_ State or Province \_\_\_\_\_

**AUTHORIZATION:** To any party who may be contacted by the Las Vistas In Inverrary Condominium Association, Inc., its representative or attorneys. I (we) hereby waive any privileges I (we) may have with respect to the said information in reference to the aforesaid parties.

I (we) authorize you to release all information that the aforesaid parties may request concerning my references in, banking and credit; personal history; employment; residence; and others, in connection with the application I (we) have submitted for the purchase of a condominium Property

AS WITNESS THEREOF, I (we) have signed on this M \_\_\_\_\_ D \_\_\_\_\_ Y

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME