

SEA WINDS OF MARCO, INC.

APPLICATION FOR APPROVAL OF PURCHASE

Return to: Sea Winds of Marco Office
890 S. Collier Blvd
Marco Island, FL 34145

Check or money order for \$150, made payable to Sea Winds of Marco must accompany this application.

Be sure to include: application, pool rules, building rules, voting certificate, owner directory form and the ACH form.

Should you have any questions, please call 239-642-0058 or email seawindsoffice@gmail.com.

UNIT #: _____ DATE _____ PROPOSED CLOSING DATE _____

TRANSFER FEE OF \$150.00---PAID: YES _____ NO _____ CHECK # _____

NAME OF APPLICANT: _____

AGE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE # _____ STATE _____

NAME OF CO-APPLICANT: _____

AGE: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DRIVERS LICENSE #: _____ STATE _____

APPLICANTS PRIMARY ADDRESS:

Street

City

State

Zip

CELL PHONE # () _____ EMAIL ADDRESS: _____

CO -APPLICANTS PRIMARY ADDRESS:

Street

City

State

Zip

CELL PHONE # () _____ EMAIL ADDRESS: _____

APPLICANTS' PROFESSION: _____

IF RETIRED, FORMER PROFESSION: _____

COMPANY OR FIRM NAME: _____

POSITION OCCUPIED: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: () _____

LIST ALL DEPENDENTS OR OTHER OCCUPANTS, OTHER THAN YOURSELF, THAT WILL BE LIVING IN AND/OR OCCUPYING YOUR UNIT FROM TIME TO TIME:

NAME: _____ AGE: _____ NAME: _____ AGE: _____

NAME: _____ AGE: _____ NAME: _____ AGE: _____

LIST ALL VEHICLES YOU INTEND TO PARK AT THE SEA WINDS:

AUTO #1 – LICENSE #: _____ STATE _____ MAKE _____
MODEL _____ YEAR _____ COLOR _____

AUTO #2 – LICENSE #: _____ STATE _____ MAKE _____
MODEL _____ YEAR _____ COLOR _____

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

LIST THREE PERSONAL REFERENCES:

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

BANK REFERENCE:

BANK NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____
ACCOUNT TYPE _____ PHONE () _____

INTENDED PURPOSE:

I AM PURCHASING THIS UNIT WITH THE INTENTION OF: (CHECK ONE)

_____ RESIDING HERE ON A FULL-TIME BASIS

_____ RESIDING HERE PART-TIME

_____ LEASING THE UNIT

Signature of Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____