SummerTrees Adult III Homeowners Association
61 Crooked Pine Road
Port Orange, FL 32128
Telephone & Fax: 386-788-8324

APPLICATION OF PROSPECTIVE BUYER
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SummerTrees III Address: _____

Prospective buyers full legal name(s) and ages: Legal/Primary owners must be 55 years old or older; refer to C&Rs
Please Print:

Name: _____ Age: _____

Phone Number: _____ email: _____

Name: _____ Age: _____

Phone Number: _____ email: _____

Will you reside in your home: Year Around: _____ Seasonal: _____ Other: _____

Second Address (if applicable): _____

_____

Last five (5) years residency: _____

_____

Are you currently employed: Yes: _____ No: _____ Retired: _____

Place of Employment (if employed): _____

_____

_____ _____ Initials of prospective buyers

No electronic initials

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Vehicles owned – Please specify type: (Note: only two (2) vehicles allowed: No vehicles over ¾ ton.

	Make	**Model**	**License Plate**
1.	_____	_____	_____
2.	_____	_____	_____

Boat: _____ Trailer: _____ Motorcycle: _____

Cannot be stored on owner's property

Domestic pet owned: (Note: only 1 pet allowed)

Breed: _____ Weight: _____

Have you been convicted of a felony within the last 5 years? Yes: _____ No: _____

Please specify if you answered yes: _____

Emergency contact in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

The information provided on this form is complete, true and correct. False, inaccurate or incomplete information on this form may result in denial of acceptance.

Signature: _____Date: _____

Signature: _____Date: _____

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_____ Yes, I have received a copy of the Homeowner Association's Covenants and Restrictions and By-Laws, and have read them and will comply fully with same.

_____ Yes, I agree to pay the Association's annual assessment fees by the stipulated date.

_____ Yes, I agree to carry current homeowner's insurance on the home. I will supply the HOA with a copy at the time of purchase and yearly at the time of my assessment.

_____ Yes, I understand all renovations on the outside of the home must be approved by the HOA Board of Directors.

Signature: _____ Date: _____

Signature: _____ Date: _____

(no electronic signatures)