

OAKDALE TOWNHOMES II ASSOCIATION, INC.

SALES APPLICATION

DATE: _____ UNIT ADDRESS: _____

APPLICANT INFORMATION: DATE OF SALE: _____

NAME 1: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

Email address: _____

NAME 2: _____ DATE OF BIRTH: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

Email address: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

.....
EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

SPOUSE'S EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

OAKDALE TOWNHOMES II ASSOCIATION, INC.

CHARACTER REFERENCES

NAME: _____ PHONE NUMBER#: _____

ADDRESS: _____

NAME: _____ PHONE NUMBER#: _____

ADDRESS: _____

AUTOMOBILE INFORMATION

VEHICLE #1

MAKE: _____ MODEL: _____ YEAR: _____

TAG: _____ STATE: _____

VEHICLE #2

MAKE: _____ MODEL: _____ YEAR: _____

TAG: _____ STATE: _____

VEHICLE #3

MAKE: _____ MODEL: _____ YEAR: _____

TAG: _____ STATE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____



OAKDALE TOWNHOMES II ASSOCIATION, INC.

- Attached is a copy of Executed Purchase Agreement.
- Attached is a copy of valid Drivers License.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of Oakdale Townhomes II Association, Inc. Owner must review the documents.
- I am aware that I am not allowed to Lease my unit for until after 2 years of ownership.
- Owner acknowledges that they are responsible for Association assessments each month.
- Attached is a non-refundable processing fee of \$75.00 made payable to Carolina Management Services, Inc.
- Attached is a non-refundable application fee of \$100.00 made payable to Oakdale Townhomes II Assoc. Inc. Interview will be required by Board.
- Please include a copy of a Driver's License for each applicant.
- If any question is left blank, this application will not be processed and it will be returned to you.
- Willful misrepresentation will void any contract or agreement entered in connection with this application.
- I (We) declare that the above information to be true and correct.
- I (We) release all parties from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished to Carolina Management Services, Inc. and the Association.

Please mail completed application and checks to:

**Oakdale Townhomes II Association, Inc.
c/o Carolina Management Services Inc.
P.O. Box 740425,
Boynton Beach, FL 33474.**

BUYERS(S):

_____ **DATE:** _____

_____ **DATE:** _____

BOARD APPROVAL:

_____ **DATE:** _____

_____ **DATE:** _____