

KINGSMILL HOMEOWNERS 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: _____

NO. OF ADULTS: _____ NO. OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
------	--------------	-----

1) _____		
----------	--	--

2) _____		
----------	--	--

3) _____		
----------	--	--

.....
EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

SPOUSE'S EMPLOYER:

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____
.....

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

PET INFORMATION:

TYPE BREED COLOR WEIGHT AGE LICENSE NUMBER

1. _____

2. _____

BANK INFORMATION

BANK NAME: _____

ADDRESS: _____ **ZIP CODE:** _____

AGE OF ACCOUNT: _____ **YEARS** **CHECKING:** _____ **SAVINGS:** _____

PHONE NUMBER: _____

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:** _____

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____



- I (We) fully acknowledge and agree that the owner will not park a trailer, boat, van, camper, or commercial vehicle at the KINGSMILL H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of Kingsmill Homeowners Association, Inc. Owner must review the documents.
- Owner acknowledges that they are responsible for Association assessments each month.
- Please include a check payable to Kingsmill HOA in the amount of \$100.00 for Capital Contribution.
- Please include a check (non-refundable processing fee) of \$100.00 payable to Carolina Management Services, Inc
- Please include a copy of a Driver's License for each applicant.
- Please include a copy of the Sales Contract.
- 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 application and checks to: P.O. Box 740425, Boynton Beach, FL 33474.

***One-year lease restriction after the date of sale.**

BUYERS(S):

_____ DATE: _____

_____ DATE: _____

BOARD APPROVAL: _____ DATE: _____