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OAKMONT VILLAGE HOA
BUYER APPLICATION

ASSOCIATION NAME:

SALE UNIT ADDRESS:

NAME OF CURRENT OWNER:

PERMANENT ADDRESS OF OWNER: _____

CITY, STATE, ZIP:

CONTACT NUMBERS: _____

NAME OF APPLICANT:

_____ **SS#** _____ **DOB** _____

CO-

APPLICANT: _____ **SS#** _____

DOB: _____

APPLICANTS ADDRESS: _____

PHONE CONTACTS:

SALE APPLICATION-DESIRED CLOSING DATE: _____

PLEASE LIST ALL OCCUPANTS WHO WILL RESIDE AT THE RESIDENCE

NAME RELATIONSHIP TO APPLICANT DOB

AGE OF OLDEST OCCUPANT _____ AGE OF YOUNGEST OCCUPANT _____

HOW MANY PETS DO YOU HAVE? _____ TYPE: _____ WEIGHT: _____

HOW MANY CARS DO YOU HAVE? _____

YEAR, MAKE & MODEL OF VEHICLES _____

YEAR, MAKE & MODEL OF VEHICLES _____

LICENSE PLATE NUMBER _____ VEHICLE REGISTRATION NUMBER _____

LICENSE PLATE NUMBER _____ VEHICLE REGISTRATION NUMBER _____

NAME OF ATTORNEY/REALTOR OR TITLE COMPANY: (PLEASE CIRCLE)

CONTACT NUMBER _____

ADDRESS: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ PHONE: _____

SOCIAL REFERENCES: LIST THREE WITH COMPLETE ADDRESSES

1) _____ PHONE: _____

2) _____ PHONE: _____

3) _____ PHONE: _____

****OWNER & APPLICANT AGREE TO EACH HAVE A COPY OF THE "RULES AND REGULATIONS" AND "DECLARATION"...AS WELL AS ADHERES TO THEM.**

APPLICATION FEE OF \$100 PER APPLICANT IS PAYABLE BEFORE PROCESSING.

THIS SECTION FOR BOARD USE ONLY

“BUYER BECOMES RESPONSIBLE FOR ANY AND ALL OUTSTANDING BALANCES AFTER THE CLOSING. PLEASE VERIFY BALANCE AT THE TIME OF THE CLOSING.”

OWNER CURRENTLY OWES:

AMOUNT: \$_____ AS OF _____

APPROVED: _____ DATE: _____

DISAPPROVED: _____ DATE: _____

SIGNATURE OF BOARD MEMBER **DATE: _____**

SIGNATURE OF MANAGER **DATE: _____**