

Condominium Associates Dolly Bay Condominium Association, Inc.

3001 Executive Drive, #260 Clearwater, FL 33762 Phone (813) 727-573-9300, Fax (727) 573-8549 Info@condominiumassociates.com

To ensure that yo	our application is proces	sed please remit the	e following:	
☐ Application w	ith all fields completed a	and signed by applic	cant(s)	
☐ An executed co	opy of the Lease/Sales cor	ntract		
check fee for m Check or Money Ord Applicant(s) may	round check fee per indivinarried couple, made paya ler. not take possession of the unded. Units must be owned for	able to Dolly Bay Con ait until approval is gran	ndominium Associated by the Board of D	ation Inc.
Unit Number:	Unit Address:			, , , , , , , , , , , , , , , , , , ,
Current Owner(s)/	Landlord:			
Realtor:	Title Company:	Phone:		
Closing Date:	Title Company:		Phone:	
Occupancy Date: Will new owner li	ve in unit: (please select one)	☐ full time ☐ part	time □ lease	
1st Applicant:	First			
Current Address:			Last	
	Street Address	City	State	Zip
Gender: Bir	rth Date: Month Date	SS#	<u> </u>	_
Drivers License #	/ US Photo ID #(Please ci	ircle form of ID provided)	_ State Issued	
2 nd Applicant:				····
Current Address:	First	Middle Initial	Last	
Phone: ()	Street Address		State	Zip
Gender:	Birth Date:			
Drivers License # (Please circle for	/ US Photo ID #	Month		Year
Email Address:				

Additional occupants that will reside in this	unit:				
			Date:		
2)	1-	Birth Date:			
Vehicle Information:					
Automobile (1): Make:	Year:		License #		
Automobile (2): Make:	Year:		License #		
Buyer References (non relatives only)					
· · · · · · · · · · · · · · · · · · ·			Phone:		
Name:			1 Hone.		
Address: Name:			Phone:		
Address:			1 none.		
Emergency Contact:		D 1			
Name:		_ Phon	Phone:		
Name:		Phone:			
ACKNOWLEDGEMENT OF RECOUNT OF REC	py of the conceporation, By-le content and a cons enacted the	dominium laws and R grees to al ereafter of	documents, including the cules and Regulations and that bide by all of the conditions and		
APPLICANT DISCLOSURE AGREEMENT Applicant(s) represents that the information provided herein is true and correct and hereby consents and authorizes, by signature, the release of public records, credit report, employment verification, rental or lease information, whether by fax, verbal, photo copy or original signature, to the Association's Board of Directors or its agent now or in the future.					
Applicant (Signature) Date	Applicant	(Signature)	Date		
NOTICE OF FINANCIAL This approval is subject to all financial obligations	OBLIGATION	ONS (SAI	EC ONL VI		
maintenance fees, late charges, special assessments the time of occupancy.	to the Associa	ation inclu	ding, but not limited to,		