

**PUNTA RASSA CONDOMINIUM  
REQUEST TO PURCHASE or RENT APPLICATION**

BACKGROUND CHECK FORMS MUST ACCOMPANY THIS APPLICATION  
TO PURCHASE OR RENT FOR SIX (6) OR MORE MONTHS.

The cost of the Request to Purchase Application is \$100.00. The Consent to Background Check fee is \$150.00 (per person if not related) according to the names on the purchase agreement or rental application. Please make checks payable to: Punta Rassa Condominium Association.

**APPLICATION ALONG WITH CONSENT TO BACKGROUND CHECK MUST BE  
SUBMITTED AT LEAST 30 DAYS PRIOR TO CLOSING OR RENTER MOVE-IN DATE.**

Building \_\_\_\_\_ Unit No. \_\_\_\_\_

*(Please type or print)*

**APPLICANT(S) INFORMATION**

**APPLICANT #1**

Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
City State Zip

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Children's Names and Ages If Applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Have you ever been convicted of a "felony" ( ) Yes ( ) No

If yes, please list charges \_\_\_\_\_

Have you ever filed for bankruptcy? ( ) Yes ( ) No

If yes, list when and where: \_\_\_\_\_

**APPLICANT #2**

Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
City State Zip

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Residence Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Children's Names and Ages If Applicable \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Employer's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Have you even been convicted of a felony? ( ) Yes ( ) No

If yes, list charges \_\_\_\_\_

Have you ever filed for bankruptcy? Yes ( ) No ( )

If yes list when and where: \_\_\_\_\_

**PURPOSE OF PURCHASE** – Check/Circle all that apply

Permanent Residence \_\_\_\_

Seasonal Residence \_\_\_\_

Rent Unit Seasonally/Annually \_\_\_\_

**VEHICLES** - List All Vehicles Owned:

Vehicle 1: Year \_\_\_\_\_ Make/Model/Color \_\_\_\_\_ Tag # \_\_\_\_\_

Vehicle 2: Year \_\_\_\_\_ Make/Model/Color \_\_\_\_\_ Tag # \_\_\_\_\_

Vehicle 3: Year \_\_\_\_\_ Make/Model/Color \_\_\_\_\_ Tag # \_\_\_\_\_

# PET REGISTRATION

NO MORE THAN TWO PETS ARE ALLOWED PER UNIT. REFER TO THE COVENANTS AND RULES & REGULATIONS OF THE ASSOCIATION REGARDING PET RESTRICTIONS.

**PLEASE FURNISH A PHOTO OF YOUR PET AND CURRENT IMMUNIZATIONS**

Breed of Pet \_\_\_\_\_ Weight of Pet \_\_\_\_\_ Color of Pet \_\_\_\_\_

Breed of Pet \_\_\_\_\_ Weight of Pet \_\_\_\_\_ Color of Pet \_\_\_\_\_

( ) I (We) hereby certify that the above information provided is true and correct and is provided solely for the purpose of obtaining credit and/or personal reference and all information obtained will be held in strict confidence. I realize that any false information may result in denial of sale/lease by the Association or its Agent.

( ) I (We) hereby acknowledge that I (We) have received a copy of the **Declaration, Bylaws and Rules & Regulation** (which can be found on [www.puntarassa.org](http://www.puntarassa.org)) and I understand that violation of these documents can be cause for a fine or court action. (Please ask your agent for a copy of the Declaration, Bylaws and Rules & Regulations if you have not received a copy).

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENT INFORMATION – Please fill out completely

Name of Agent: \_\_\_\_\_

Telephone of Agent \_\_\_\_\_ Agency Name: \_\_\_\_\_

Purchase Price of Unit: \_\_\_\_\_ Anticipated Closing Date: \_\_\_\_\_

## CLOSING INFORMATION - Please fill out completely

Mail Consent to Transfer to (Title Co) \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_