

Oxford Pointe at Crown Colony Condominium Association, Inc.
Application to Purchase Unit

Date _____

To: Oxford Pointe at Crown Colony Condominium Association, Inc.

I (We) hereby apply for membership in the Association.

Attach the Sales Contract

I (We) hereby apply to purchase (address) _____ Unit number _____

Owner's Name _____ Owner's Phone _____

Please type or print

1. Full Name of Applicant (s) _____

Address _____

Social Security numbers _____

Phones #'s Home _____ Work _____

Mobile _____ Email _____

2. Date(s) of Birth of all applicants and those who are to occupy the home:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

3. Occupation (If Retired, Former Occupation) _____

Position Held _____

Company /Firm Name _____

Address: _____

Phone _____ Fax _____

4. Real Estate Agent & Company _____

Address _____

Phone _____ Fax _____

5. Two Personal References (local if possible):

Name _____ Relationship _____

Street _____

State _____ Zip _____ Phone _____

Name _____ Relationship _____

Street _____

State _____ Zip _____ Phone _____

6. Please provide information of persons who will be occupying the Unit.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Please provide the name and phone number of the Company that will insure the property.
Company Name _____ Phone Number _____

8. Vehicles (Only 2 per Unit)

Make _____	Color _____	Year _____	Tag _____
Make _____	Color _____	Year _____	Tag _____

9. Pets (No more than 2 dogs, cats, birds, & fish ONLY)

Breed _____	Weight _____	Color _____	Name _____
Breed _____	Weight _____	Color _____	Name _____

10. In case of Emergency, please notify

Name _____	Relationship _____
Address _____	
Phone _____	

11. Will there be a mortgage on the property? _____

If Yes, Please provide the following Information:

Name of Mortgagee _____
Address _____
Phone _____

12. I am purchasing this unit with the intention of :

_____	Reside here on a full time basis
_____	Reside here part time
_____	Lease the Unit

PLEASE FORWARD THIS APPLICATION WITH A CHECK IN THE AMOUNT OF \$150. TO TOTAL COMMUNITY MANAGEMENT CO., 608 S.E. 30 LANE, CAPE CORAL, FLORIDA 33904. YOU CAN ALSO E-MAIL IT TO totalcommmgmt@aol.com.