#### **PURCHASE INFORMATION FORM**

Please return the original application and a copy of the purchase/sales agreement to the Association not less than 10 days prior to the closing date to Wise Property Management at 3903 Northdale Blvd, Suite 250W, Tampa, FL, 33624 or via email to <u>CWing@WisePM.com</u> or via fax at 813-968-5335.

DATE:	(PLEASE PRINT) CLOSING DATE:		
PROPERTY ADDRESS:			
<u>SELLER'S INFORMATION</u> Name of Seller(s) of Home:			
Address of Seller(s):			
Seller Phone:			
<u>NEW OWNER INFORMATION</u> NAME:			
DRIVER'S LICENSE #:	SOCIAL SECURITY #:		
BIRTHDATE:	E-MAIL ADDRESS		
EMPLOYER:	PHONE:		
PRESENT ADDRESS:			
How long at present address?	Own:	Rent:	
Name of Landlord:	Telephone:		
SPOUSE/PARTNER NAME:			
DRIVER'S LICENSE #:	SOCIAL SECURITY #:		
BIRTHDATE:	E-MAIL ADDRESS		
EMPLOYER:		_ PHONE:	
NUMBER OF OCCUPANTS WH	10 WILL RESIDE IN THE PRO	OPERTY:	
OTHER OCCUPANT NAMES			

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#### ATTACH COPY OF DRIVERS LICENSE ON EVERY OCCUPANT IF APPLICABLE!

<u>PET INFORMATION</u> (N	o more than 2 conv	entional household pets are p	ermitted)
Number of Dogs:	Number of Cats	::	
Breed, and Age of Dogs: _			
Total Number of Pets:			
ALL VEHICLES (MAKI	E, MODEL, YEAF	R, LICENSE TAG #/STAT	ГЕ):
Vehicle #1			
YEAR:	MAKE:	MODEL:	COLOR:
VIN NUMBER:		_TAG/LICENSE PLATE:	
STATE REGISTERED:			
Vehicle #2			
YEAR:	MAKE:	MODEL:	COLOR:
VIN NUMBER:		_TAG/LICENSE PLATE:	
STATE REGISTERED:			
DOCUMENTS TO BE 1	INCLUDED WIT	H THIS FORM:	

1. Copy of the signed purchase/sale agreement.

2. Copies of driver's licenses for adult occupants (must show at least one occupant is aged 55 or older).

3. Confirmation of payment of Capital Contribution of \$1,000.

I HEREBY CERTIFY THAT: (1) ALL OF THE FOREGOING DOCUMENTS HAVE BEEN PROVIDED WITH THIS FORM; (2) I HAVE PAID THE CAPITAL CONTRIBUTION OF \$1000 TO THE ASSOCIATION AS REQUIRED PER THE DECLARATION OR HAVE MADE ARRANGEMENTS FOR PAYMENT ON OR BEFORE THE CLOSING DATE; (3) ALL OF THE INFORMATION INCLUDED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE; AND (4) THIS FORM HAS BEEN <u>FULLY COMPLETED</u> TO THE BEST OF MY ABILITY.

AS A NEW OWNER AND MEMBER OF THE ASSOCIATION, I UNDERSTAND, REPRESENT AND AGREE THAT: (1) I HAVE RECEIVED A COPY OF THE <u>SECOND</u> <u>AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS</u> <u>AND RESTRICTIONS FOR GREAT CYPRESS VILLAGE, THE BYLAWS, AND THE</u> <u>RULES AND REGULATIONS OF THE ASSOCIATION;</u> (2) I WILL COMPLY WITH THE <u>SECOND AMENDED AND RESTATED DECLARATION OF COVENANTS</u>,

CONDITIONS AND RESTRICTIONS FOR GREAT CYPRESS VILLAGE, THE BYLAWS, AND THE RULES AND REGULATIONS OF THE ASSOCIATION; AND (3) I AM RESPONSIBLE FOR ANY DAMAGES TO ASSOCIATION PROPERTY AND/OR ANY COSTS INCURRED BY THE ASSOCIATION AS A RESULT OF ANY VIOLATION OF THE GOVERNING DOCUMENTS OR ASSOCIATION RULES BY ME OR BY ANY OF MY HOUSEHOLD MEMBERS, GUESTS, OR VISITORS.

Signature of Purchaser

Signature of Seller

Signature of Spouse/Partner\_\_\_\_\_

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## FOR MANAGEMENT USE ONLY:

## IS OWNER CURRENT ON ASSESSMENT FEES? YES/NO

# EXISTING VIOLATIONS ON ACCOUNT? YES/NO

## YES- EXPLAIN:

1. List any Existing Non-Conforming External Restrictions as per the Covenants, Conditions & Restrictions and Rules and Regulations.