TERRACES OF FOREST LAKES CONDOMINIUM ASSOCIATION, INC.

c/o Miller Management Services, Inc. 2848 Proctor Road, Sarasota, Florida 34231

941/923-5811

millermgt@mindspring.com

Fax/923-5036

APPLICATION TO SELL, RENT, TRANSFER OR OCCUPY A UNIT

An application fee of **\$50.00** is required for each application and must be made payable to Terraces of Forest Lakes Condominium Association, Inc. **must accompany this application**.

| I hereby make application for residence in | | Beneva Terrace which is owned by: | |
|--|---|--|------------------------|
| Owner of Unit | | | |
| Check one of the following: | RENTAL | Term-From: | To: |
| | SALE | Closing Date: | |
| | TRANSFER | Transfer Date: | |
| | OCCUPY | Occupy From: | To: |
| Servicemember me | eans any person servin ate active duty and all | er as defined in Section 25 g as a member of the Unite members of the Florida Na | ed States Armed Forces |
| TO BE COMPLETED BY P | ROSPECTIVE TENAN | NT OR BUYER | |
| Name of Applicant: | | | |
| Name of Spouse: | | | |
| Present Address: | | | |
| Telephone: (include area co | ode) | Home | Cell |
| W | ork Email ad | dress: | |
| Members of family who will | be in residence: | | |
| Maximum of four (4) people | in a unit. | | |
| Occupation: | | | |
| Name of Company: | | | |
| Position Held: | | Length of En | nployment: |
| Bank References: | | | |
| Address : | | | |
| Personal References (other | than relatives) and ple | ease provide phone numbe | ers: |
| Name | Address | | Phone Number |
| Name | Address | | Phone Number |

Terraces of Forest Lakes Condominium Association, Inc. Application to Sell, Rent, Transfer or Occupy Page 2.

| Real Esta | ite Agent:_ | | | | |
|-------------|-------------------|------------------------------------|----------------------------|---|--|
| | Name Phone Number | | Company Email Address | | |
| | | | | | |
| Vehicles: | Year | Make | Model | Color | |
| | Year | Make | Model | Color | |
| | | | | | |
| | | all pet (Dogs not to exceed Breed: | | ved: Size: | |
| туре | | bleeu | | Size | |
| In case of | f Emergen | cy, notify: Name | | Relationship | |
| | | | | · | |
| | | Phone Number | | Email Address | |
| the Board | of Directo | | | as a lessee at the option of ication and I will be notified | |
| Witness | | | Signature of Applicant (I | Buyer or Tenant) | |
| Witness | Vitness Signatur | | Signature of Applicant (I | re of Applicant (Buyer or Tenant) | |
| OWNER | OF UNIT | | | | |
| Ι, | | , the ov | wner of unit #, | have agreed to sell | |
| or rent | or trar | nsfer or occupy | _ my unit to | | |
| If applicat | ole, I have | rented the unit time | es this year and loaned it | times this year. | |
| Signed: | Owner of U | nit | | | |
| C | wilei Oi U | THE | | | |
| Date: | | | | | |

| Application to Sell, Rent, Transfer or Occupy Page 3. | | | | |
|---|--|--|--|--|
| Property Address: | | | | |
| ACTION BY SCREENING COMMITTEE | | | | |
| Approved: Disapproved: | | | | |
| If disapproved, a statement shall be attached to this form setting forth the reasons. | | | | |
| Signed:Officer, Director or Committee member of THE TERRACES OF FOREST LAKES | | | | |

Terraces of Forest Lakes Condominium Association, Inc.

Please note: If the applicant is a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard or United States Reserve Forces, this application must be approved or denied within seven (7) days of submission of the application.