

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

SALES APPLICATION

DATE: _____ UNIT ADDRESS: _____

APPLICANT INFORMATION: DATE OF SALE: _____

NAME 1: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME 2: _____ DATE OF BIRTH: _____

DRIVERS LICENSE/STATE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NO. OF ADULTS: _____ NO. OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
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1) _____

2) _____

3) _____

.....
EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

SPOUSE'S EMPLOYER:

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____
.....

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

PET INFORMATION:

TYPE BREED COLOR WEIGHT AGE LICENSE NUMBER

1. _____

2. _____

BANK INFORMATION

BANK NAME: _____

ADDRESS: _____ **ZIP CODE:** _____

AGE OF ACCOUNT: _____ **YEARS** **CHECKING:** _____ **SAVINGS:** _____

PHONE NUMBER: _____

CHARACTER REFERENCES

NAME: _____ **PHONE NUMBER#:** _____

ADDRESS: _____

NAME: _____ **PHONE NUMBER#:** _____

ADDRESS: _____

AUTOMOBILE INFORMATION

VEHICLE #1

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #2

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #3

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

KINGSMILL HOMEOWNERS ASSOCIATION, INC.

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ RELATIONSHIP: _____

ADDRESS: _____



- I (We) fully acknowledge and agree that the owner will not park a trailer, boat, van, camper, or commercial vehicle at the KINGSMILL H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of Kingsmill Homeowners Association, Inc. Owner must review the documents.
- Owner acknowledges that they are responsible for Association assessments each month.
- Attached is a non-refundable processing fee of **\$75.00 made payable to Carolina Management Services, Inc. Please mail application and check to: P.O. Box 740425, Boynton Beach, FL 33474.**
- Please include a copy of a Driver's License for each applicant.
- If any question is left blank, this application will not be processed and it will be returned to you.
- Willful misrepresentation will void any contract or agreement entered in connection with this application.
- I (We) declare that the above information to be true and correct.
- I (We) release all parties from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished to Carolina Management Services, Inc. and the Association.

BUYERS(S):

_____ DATE: _____

_____ DATE: _____