

Braden Woods Phase V Homeowner's Association, Inc.

Purchase/ Rental Application

PLEASE ALLOW TWO WEEKS FOR PROCESSING

DATE : _____

LOT INFORMATION:

LOT/ADDRESS # _____

I (We) the undersigned intend to purchase the premises located at:

_____ (physical Address) in
Braden Woods V Homeowner's Association, Inc. Bradenton, Florida 34202.

LEASE TERMS (if applicable) Dated from From _____ to _____

OR

PURCHASE: CLOSING DATE _____

REALTOR/AGENT connected to Purchase:

NAME _____ PHONE# _____

NAME(s) OF REAL ESTATE FIRM _____

APPLICANT INFORMATION

The following information should be filled out for **every adult** named on the warranty deed/ Lease for the property.

1st Name: _____ Work # _____

Present Address _____ Cell # _____

Home Phone Number _____ E-Mail Address _____

2nd Name: _____ Work # _____

Present Address _____ Cell # _____

Home Phone Number _____ E-Mail Address _____

3rd Name: _____ Work # _____
Present Address _____ Cell # _____
Home Phone Number _____ E-Mail Address _____

I/W e intent to reside: _____ full time _____ part-time

Braden Woods Phase V Homeowner's Association is in Manatee County and all Manatee County Ordinances are in force including Manatee County Leash Laws.

- I/WE THE UNDERSIGNED BUYER, IN SUBMITTING AND SIGNING THIS APPLICATION HAVE RECEIVED AND READ THE DECLARATION, THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE ASSOCIATION AND I/WE AGREE TO ABIDE BY THE DOCUMENTS WHERE APPLICABLE AS WELL AS THE RULES AND REGULATIONS ADOPTED BY THE ASSOCIATION.
- A \$25.00 NON-REFUNDABLE FEE PAYABLE TO "ASSOCIATION" MUST ACCOMPANY THIS APPLICATION
- I/WE THE UNDERSIGNED UNDERSTAND THE ARCHITECTURAL REVIEW COMMITTEE MUST APPROVE ALL CHANGES TO THE EXTERIOR OF ANY PROPERTY.

_____/_____
PRINT NAME APPLICANT SIGNATURE

_____/_____
PRINT NAME APPLICANT SIGNATURE

_____/_____
PRINT NAME APPLICANT SIGNATURE

UNIT OWNERS SIGNATURE: _____ DATE _____

SEND COMPLETED APPLICATION (S)
WITH APPLICATION FEE OF \$25.00 TO:

Communiqué Association Management
5824 Bee Ridge Road #413
Sarasota, FL 34233
Phone: (941) 706-0920 E-mail: Maureen@communiquemgmt.com

BELOW TO BE COMPLETED BY ASSOCIATION

DATE: _____

APPLICATION REVIEWED BY: _____
BOARD MEMBER / TITLE

