

**APPLICATION FOR SALE OR TRANSFER OF UNIT
OCEANS ATRIUM CONDOMINIUM ASSOCIATION**

TO: BOARD OF ADMINISTRATION
OCEANS ATRIUM CONDOMINIUM
ASSOCIATION, INC.

The undersigned submits this application for approval of the Board to acquire title to Unit # _____,
Oceans Atrium Condominium and states that the following information is true and correct.

Sales price \$ _____ Desired-closing date: _____

NAME OF PROPOSED OWNER(S): SELLER: _____

Name: _____ Name: _____

Name: _____ Name: _____

PHONE # _____ Cell _____ E Mail address _____

Names of proposed unit occupants: _____

PETS: YES _____ NO _____ TYPE _____ WEIGHT _____

In case of emergency please notify: _____
Name(s)

Address _____ Phone # _____

RESIDENCE HISTORY:

CURRENT RESIDENCE STREET ADDRESS	CITY/STATE/ZIP	FROM	TO	PHONE #
_____	_____	_____	_____	_____

LANDLORD NAME/ADDRESS	PHONE#	RENT AMOUNT	ON A LEASE?
_____	_____	_____	_____

PREVIOUS ADDRESS	CITY/STATE/ZIP	FROM	TO
_____	_____	_____	_____

EMPLOYMENT HISTORY:

COMPANY NAME (CURRENT EMPLOYER)	ADDRESS	PHONE
_____	_____	_____

SUPERVISOR'S NAME	FROM	TO	POSITION
_____	_____	_____	_____

COMPANY NAME (CURRENT EMPLOYER)	ADDRESS	PHONE
_____	_____	_____

SUPERVISOR'S NAME	FROM	TO	POSITION
_____	_____	_____	_____

CHARACTER REFERENCES: (Do not use relatives)

1. _____
Name Address Phone #

2. _____
Name Address Phone #

