

FAIRVIEW VISTA CONDOMINIUM ASSOCIATION, INC.
C/O Vista Community Association Management
Post Office Box 162147
Altamonte Springs, Florida 32716-2147
(407) 682-3443 FAX (407) 682-0181

NOTICE OF INTENT TO SELL

THIS SECTION TO BE COMPLETED BY SELLER

In compliance with the Declaration of Covenants and Restrictions of our Association, I (we) hereby serve notice that as owner(s) or agent of UNIT # _____, I (we) intend to offer said unit for sale in accordance with the attached Contract for Sale.

Unless I (we) are notified to the contrary within fifteen (15) days from the receipt of this completed notice and attachment, I will advise the Purchaser that the proposed sale has been approved.

PRINT NAME

PRINT NAME

OWNER'S SIGNATURE DATE

OWNER'S SIGNATURE DATE

PHONE NUMBER (HOME) _____ (WORK) _____
MAILING ADDRESS _____

THIS SECTION TO BE COMPLETED BY PURCHASER
THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to purchase UNIT # _____ at Fairview Vista Condominium Association, Inc. In order for you to facilitate consideration of my (our) application for sale, I (we) represent that the following information is factual and true. I am (We are) aware that any falsification or misrepresentation on this application will result in automatic rejection of this application. I (We) consent that you may make further inquiry concerning this application.

I (We) acknowledge and understand that deed restrictions and Rules & Regulations, which are applicable to both the Unit and Common Property and may be amended from time to time by Fairview Vista Condominium Association, Inc, govern the property offered for sale. I (We) agree to abide by such deed restrictions and Rules & Regulations.

I (We) are purchasing this property with the intention to: (Mark One)

- _____ 1. Reside as owners on a full-time basis
- _____ 2. Reside as owners on a part-time basis
- _____ 3. Lease the property

FULL NAME OF PURCHASER _____

CURRENT ADDRESS _____

_____ PHONE # _____

BIRTH DATE _____ MONTHLY GROSS INCOME \$ _____

SOC. SEC # _____ DRIVERS LIC & ST _____

EMPLOYER _____ PHONE # _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL
OFFENSE? (FELONY, MISDEMEANOR, CIVIL OR TRAFFIC) YES ____ NO ____
IF YES, PLEASE GIVE DETAILS _____

FULL NAME OF PURCHASER _____

CURRENT ADDRESS _____

_____ PHONE # _____

BIRTH DATE _____ MONTHLY GROSS INCOME \$ _____

SOC. SEC # _____ DRIVERS LIC & ST _____

EMPLOYER _____ PHONE # _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIMINAL
OFFENSE? (FELONY, MISDEMEANOR, CIVIL OR TRAFFIC) YES ____ NO ____
IF YES, PLEASE GIVE DETAILS _____

UNITS ARE FOR SINGLE FAMILY USE ONLY. THE FOLLOWING PERSON(S), IN
ADDITION TO THE PROSPECTIVE RESIDENT, WILL OCCUPY THE UNIT:

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

NAME _____ RELATIONSHIP _____

ALL PETS MUST BE ON A LEASH WHEN OUTSIDE, AND MUST BE PICKED UP AFTER. THE FOLLOWING PETS WILL OCCUPY THE UNIT:

AUTOMOBILE/VEHICLE INFORMATION: ALL VEHICLES MUST BE PARKED EITHER IN FRONT OF YOUR UNIT IN THE DRIVEWAY OR IN A VISITORS SPACE. PARKING ANYWHERE ELSE, INCLUDING IN THE GRASS AND ON THE STREET, IS ILLEGAL AND YOUR VEHICLE(S) WILL BE TOWED OFF THE PROPERTY AT YOUR EXPENSE.

MAKE _____ MODEL _____ YEAR _____ TAG # _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____

MAKE _____ MODEL _____ YEAR _____ TAG # _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____

ADDRESS _____

TELEPHONE # _____

CLOSING INFORMATION

DATE OF CLOSING _____

NAME OF CLOSING AGENT _____

CLOSING AGENT PHONE # _____

NAME OF REAL ESTATE AGENT _____

REAL ESTATE AGENT PHONE # _____

PURCHASE PRICE \$ _____

