

RESIDENTIAL APPLICATION
Trafalgar Square III Condominium Association, Inc.
c/o MC Homes Realty, Inc
1155 Pasadena Ave S Suite H, South Pasadena, FL 33707
Phone 727-432-2181 / Fax 727-490-2938

All Fees are Non-Refundable

An application is incomplete if it does not fulfill all the requirements and must include all fees.

1. Association Application Fee: \$50.00 for sales contract;
2. Background Check Fee: \$65.00 for each applicant over 18 years old.

Fees 1. Pay by separate check payable to **Trafalgar Square III Condominium Association**

Fee 2. Pay online at: <https://trafalgarsqiii.hoamch.com/index.asp>

SALE APPLICATION

IF SALE: Closing Date: _____

Property Address to be Purchased _____

Unit Number: _____ Current Unit Owner Name: _____

APPLICANT

NAME: _____
First Name Middle Name Last Name

CURRENT ADDRESS: _____

PHONE: _____ - _____ - _____

EMAIL: _____

PHONE _____ - _____ - _____

EMAIL: _____

Providing your email address authorizes the Board of Directors and MC Homes to provide notice of relative Association business and to deliver information to you by electronic transmission.

Owner Occupied: ☐ Yes ☐ No
 ☐ Part-time ☐ Full-time

If No, Mailing Address: _____

If you have a spouse/roommate, please fill out the last page of the application with their information as well.

ADDITIONAL OCCUPANTS

(if additional occupants are over 18 years of age, provide all information as requested for application)

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ Email: _____

PETS (Limit of 1 Pet - Already Owned – Must be Under 50lbs – See Pg.3)

NAME: _____ TYPE: _____ BREED: _____
AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

NAME: _____ TYPE: _____ BREED: _____
AGE: _____ WEIGHT: _____ HEIGHT: _____ COLOR: _____

AUTOMOBILE

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____
LICENSE TAG NUMBER: _____ STATE of TAG issue: _____

NOTE ABOUT INCOMPLETE APPLICATIONS:

All applications must be completed, incomplete applications submitted will not be processed. If the applicant fails to adhere to submit the full application package, the application will be considered automatically cancelled.

An application is incomplete if it does not include all required forms, fees, and documents, such as but not limited to, a lease or sales contract.

PROCESSING FEES:

1. Association Application Fee of \$50.00 (for lease or sale);
2. Background Check Fee of \$65.00 for each proposed occupant over 18 years old.
(to MC Homes Realty, Inc @ <https://trafalgarsqiii.hoamch.com/index.asp>)

REQUIRED DOCUMENTS

- A. For all applicants, a copy of your I.D.
- B. A sale contract
- C. As applicable, Pet Documentation: Current vaccinations, up-to-date Pinellas County License, picture of your pet and doctor's letter of Service/ESA submitted.

A background check, performed by the Association, is required for all applicants.
Current vaccination certificates required at interview for all pets, as applicable.

THE APPLICANT HEREBY CONFIRMS COMPLETENESS AND ACCURACY OF THIS INFORMATION AND AFFIRMS THAT HE OR SHE HAS RECEIVED AND READ THE RULES AND REGULATIONS, AND AGREES TO ABIDE BY SAME. IF THE APPLICANT IS A PURCHASER, HE OR SHE ALSO CONFIRMS THAT THEY HAVE RECEIVED AND READ THE CONDOMINIUM GOVERNING DOCUMENTS AND AGREES TO ABIDE BY SAME.

Date

Print Name

Signature of Purchaser I

Print Name

Signature of Spouse/Purchaser II

Trafalgar Square III Condominium Association, Inc.

c/o MC Homes Realty, Inc

1155 Pasadena Ave S Suite H, South Pasadena, FL 33707

Phone 727-432-2181 | Fax 727-490-2938

I/ we, _____, prospective buyers property located at _____, Unit # _____ authorize Trafalgar Square III, to take the necessary steps to verify the information submitted by the above named applicant(s). The Applicant(s) represent to the Association that all the personal information provided for herein is true, accurate and complete to the best of the Applicant(s) knowledge. Applicant(s) further understand and agree that if any such information is not as represented, then Applicant(s) may, at the Association's sole discretion, be disqualified as an owner. Applicant(s) authorize the Association, agents or representatives to make any and all inquiries necessary to confirm given information, including but not limited to contacting present and past employers, landlords, credit bureaus, personal references, and any and all sources of information which the Association may deem necessary and appropriate. The undersigned acknowledges receipt of a copy of the RULES AND REGULATIONS for the Association and agrees to comply with the principles governing the management of the Trafalgar Square III.

INITIAL BELOW

____ I have read the Associations Rules and Regulations.

____ I fully understand that the unit can only be used for *residential* purposes.

____ I understand that I **may not keep pets, birds, or other animals** in the unit unless such weighs **less than 50lbs** and unless was owned & in possession of **prior to & at the time** of purchase of the unit. **No new pets are permitted.**

____ I understand that the unit may only be occupied by *only* those listed on the application.

____ I understand the maintenance and repair responsibility that is listed in the Governing Documents.

____ I understand all commercial vehicles of any kind or description, campers, boats, or boat trailers are **not** to be parked on the premises.

____ I understand that leasing is **not** allowed.

Signature of Purchaser

Date

Signature of Spouse / Purchaser

Date

Applicant Approved: ____YES ____NO

Association Representative Name/Title

Association Representative Signature

Date

BUYER INFORMATION FORM

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS OVER 18 YEARS OLD.

I, We _____ prospective
buyer(s) for the property located at _____

Managed By: MC Homes Realty, Inc, **Owned By:** _____

Hereby allow MC Homes Realty, Inc and/ or the property owner/ manager to inquire into my/ our credit file, criminal, and rental history as well as any other personal record, to obtain information for use in processing of this application. I/ we understand that on my/ our credit file it will appear that MC Homes Realty has made an inquiry. I/ we cannot claim any invasion of privacy or any other claim that may arise against MC Homes Realty now or in the future.

PLEASE PRINT CLEARLY

| BUYER INFORMATION | SPOUSE / BUYER |
|--|--|
| <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED | <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED |
| FULL NAME: _____ | FULL NAME: _____ |
| SOCIAL SECURITY NUMBER: _____ | SOCIAL SECURITY NUMBER: _____ |
| DATE OF BIRTH: _____ | DATE OF BIRTH: _____ |
| DRIVER'S LICENSE NO: _____ | DRIVER'S LICENSE NO: _____ |
| CURRENT ADDRESS: _____ | CURRENT ADDRESS: _____ |
| HOW LONG LIVING IN THIS ADDRESS: _____ | HOW LONG LIVING IN THIS ADDRESS: _____ |
| NAME OF LANDLORD: _____ | NAME OF LANDLORD: _____ |
| LANDLORD PHONE NUMBER: _____ | LANDLORD PHONE NUMBER: _____ |
| PREVIOUS ADDRESS: _____ | PREVIOUS ADDRESS: _____ |
| HOW LONG LIVING IN THIS ADDRESS: _____ | HOW LONG LIVING IN THIS ADDRESS: _____ |
| NAME OF LANDLORD: _____ | NAME OF LANDLORD: _____ |
| LANDLORD PHONE NUMBER: _____ | LANDLORD PHONE NUMBER: _____ |
| EMPLOYER: _____ | EMPLOYER: _____ |
| OCCUPATION: _____ | OCCUPATION: _____ |
| GROSS YEARLY INCOME: _____ | GROSS YEARLY INCOME: _____ |
| LENGTH OF EMPLOYMENT: _____ | LENGTH OF EMPLOYMENT: _____ |
| WORK PHONE NUMBER: _____ | WORK PHONE NUMBER: _____ |
| HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION. | HAVE YOU EVER BEEN ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SEND A LETTER OF EXPLANATION. |
| HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO | HAVE YOU EVER BEEN CONVICTED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| SIGNATURE: _____ | SIGNATURE: _____ |
| DATE: _____ | DATE: _____ |

IF THE WRONG SOCIAL SECURITY NUMBER IS SUBMITTED, A SECOND APPLICATION FEE WILL BE CHARGED TO RE-PULL THE REPORT.

A CREDIT REPORTING SERVICE PROVIDING CREDIT REPORTS FOR REALTORS/PROPERTY MANAGERS/APARTMENT COMPLEXES/MOBILE HOME PARKS/CONDOMINIUM ASSOCIATIONS/EMPLOYERS