



PO Box 657

Alva, Florida 33920

Phone: 727-421-9906

*****Lease / Sale Application*****

This application must be submitted to the Board of Directors. A minimum of 20 days processing time is required prior to the start of any lease or sale closing. A copy of the lease / sales contract must be included with the application, a copy of each applicant's driver's license, and a Pet Registration Form.

Property Address _____

Present Owner _____ Phone # _____

Owner's Address _____

Personal Information: Applicant Spouse/Co-Applicant

Tenant/Buyer(s) Names: _____

Phone: _____

E mail: _____

Vehicle(s): _____

Year/Make/Model _____

Will anyone other than those listed above occupy this unit? ____ Yes ____ No

If Yes, whom?

Pets? If yes, complete the Pet Registration Form on the next page.

If you are purchasing this property, will this property become your permanent residence immediately following purchase? ____ Yes ____ No

If no, what are your plans for the property?

Residential History:

Present Address:

How long? _____ Phone Number: _____

Emergency Contact:

Name/Relationship: _____

Address: _____

Phone Number: _____

Please read the following and sign this application:

I have received and read a copy of the Riverwind Cove Association's Covenants, Conditions & Restrictions, along with this application. I understand these Covenants, Conditions & Restrictions and agree to abide by them as long as I reside at Riverwind Cove. The full version of the CCR may be downloaded from our website at: www.riverwindcovehoa.org

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Approval:

Board Member/Agent: _____ Date _____

If application is denied, give reason: _____

Riverwind Cove Homeowners Association, Inc.

Pet Registration Form

DO NOT HAVE A PET AT THIS TIME: _____
Signature of applicant Date

I understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property.

Owner: _____

Address: _____

Home # _____ Cell # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Name of Pet: _____

Attach a copy of immunization record & photo of your pet.

Signature of Buyer(s) Date