

FirstService Residential Management
1904 Clubhouse Drive
Sun City Center, FL 33573
Phone 813-642-8990 Fax 813-642-8790

Board Approval/Notification _____

Sale Price \$ _____

TRANSFER APPLICATION
MUST BE SUBMITTED 10 DAYS PRIOR TO CLOSING

ASSOCIATION: _____ UNIT # _____

UNIT ADDRESS _____

OWNER'S NAME _____ PROPOSED CLOSING DATE _____

SELLER'S AGENT _____ PHONE _____

BUYER'S AGENT _____ PHONE _____

BUYER/S (all names on deed) _____

PRESENT ADDRESS _____ PHONE _____

_____ CELL _____

NAMES OF OCCUPANTS _____

EMERGENCY, CONTACT (name, relationship, city, state, phone) _____

Acceptance of transfer application is not to be construed as approval by the Board of Directors or FirstService Residential. Upon signing this Transfer Application, I/We understand and agree to:

1. The following items must be attached to the Transfer Application:

- a. Transfer Addendum specific to the association.
 - b. Photocopy of driver's license or passport for each occupant.
 - c. Application fee, as required by association documents, payable to the Association.
 - d. Registration fee of \$100.00 as required by the Federation documents, payable to The Federation of Kings Point. **(Effective July 1, 2012)**
 - e. *Listing agreement when agent signs application on behalf of client.
 - f. Pet Agreement and pet deposit payable to the association or Service Animal Request, when applicable. (Pets are only permitted in some associations and those associations require a specific Pet Agreement and/or deposit.)
2. One of the occupants must be at least fifty-five (55) years of age. **Buyer to initial if under age 55** ____
 3. Seller must return resident badge to Clubhouse and vehicle sticker to security gate.
 4. Each unit owner, tenant and guests are subject to the rules and regulations as posted and/or specified in the Declaration of Condominium of this association and in the amendments thereto.
 5. Buyer acknowledges Kings Point West is a Senior Safety Zone, as defined by Hillsborough County Ordinance Number 07-12.
 6. The seller is responsible for providing all pertinent condominium association documents to the buyer.
 7. I would like my name and phone number published in the directory. ____ NO

SELLER'S or *AGENT'S SIGNATURE(S) _____

BUYER'S OR *AGENT'S SIGNATURE(S) _____

_____ Dated _____

_____ Dated _____

_____ Dated _____

_____ Dated _____

The Following is for completion by FirstService Residential Management

Rec'd By _____ Date Rec'd _____ ID Rec'd _____ App Fee Ck# _____ Reg. Fee Ck# _____

Pet Agreement/Fee, Ck# _____ Closing Doc Rec'd _____ Assessment Due _____

Reviewed By _____ Date _____

ADDENDUM TO TRANSFER APPLICATION

Andover (all), Bedford (all except F), Cambridge (all except Cambridge K), Canton Court D, Dorchester (all except Dorchester A), Fairfield (all except Fairfield A & H), Knolls I, and Knolls III

NO-PET ASSOCIATIONS

Name(s): _____ Association: _____

Unit Address _____ Unit # _____

I/we acknowledge that this condominium association **does not allow pets** to be harbored in the unit or to be on the association's property. Visitors, lessees or guests may not have pets in the unit or on the association's property. Bringing a pet into a pet-free condominium may result in a fine and removal of the pet(s), in accordance with the condominium governing documents.

This unit has only one (1) parking space. Visitor spaces are not to be used for additional vehicles or golf carts owned by unit owners.

I/we acknowledge that all exterior alterations or improvements done by any previous owner are my/our responsibility to maintain, repair and insure at our expense. This includes, but is not limited to; concrete slabs, enclosed or screened lanais, bushes or trees. If a concrete slab was poured over existing irrigation lines, homeowner will bear the expense of moving such line should it break. Owners may view their file or request copies of any prior Alteration or Improvement by calling FirstService Residential at 813-642-8990.

I/we are responsible for reading and becoming familiar with the restrictions, rules and regulations of our condominium association.

Signature of Buyer(s) and Occupants

Signature

Signature

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

by _____.

personally known to me

produced _____ as identification.

Notary Public

FORM MUST BE SIGNED BY ALL BUYERS AND PERMANENT OCCUPANTS OF UNIT