

Notice of Intent to Purchase - Buyer

Village Square of Titusville Condominium Association, Inc.

Date: _____ Bldg.# _____ Harrison St., Unit # _____ Unit Owner's Name _____

IMPORTANT THINGS TO KNOW:

1. **PARKING**

Each unit has 1 designated parking space. All other vehicles must park in the undesignated "dark rectangle" spaces. Guest parking spaces are ONLY for deliveries and short-term visits (less than 48 hours).

2. **PETS**

No more than 2 pets are allowed per unit. No pet shall weigh more than twenty (20) pounds and fourteen (14) inches in height at the shoulder AT MATURITY. In the case of pet excrement left behind, the Association Rules permit "Doggie DNA" testing and the Owner will be fined for all costs.

3. **KEYS**

If Buyer changes any locks, the replacement key must be given to the Association. The Seller is responsible for transferring all keys to Buyer, including pool key.

4. **2ND FLOOR CARPETING**

All second-floor units MUST have carpeting in all walking areas, except for kitchen, bathroom(s), and hallways.

5. **2ND FLOOR BALCONY FLOORS**

No permanent carpeting may be placed on a second-floor patio deck/balcony.

6. **RENTALS**

Village Square only permits 30% of units to be leased as rentals. There is a waiting list for rentals. Landlords have 30 days to fill a vacant unit, or the opportunity to rent will be moved to the next unit on the waiting list.

_____ I have read and understand the Rules listed above.

_____ I have been given the opportunity to ask questions about the Rules listed above.

_____ I agree to comply with all Association rules, including those not listed above.

BUYER'S SIGNATURE

2nd BUYER'S SIGNATURE

PRINT NAME

PRINT NAME

PHONE: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

I am purchasing this property with the intention to: (Check One)

Reside as Owner(s) on a full-time basis Reside as Owner(s) on a part-time basis Lease the property

Date form completed: _____ / _____ / _____

Clover Key, Inc.
110 Imperial Street, Merritt Island, FL 32952
Phone: 321-735-7624

office@cloverkeyservices.com www.cloverkeyservices.com



CLOVER KEY

RESIDENTIAL SCREENING AUTHORIZATION FORM

Each applicant MUST fill out a separate release.

PROPERTY NAME: Village Square of Titusville

(Please Print)

FULL Name: _____ Sex: _____

Street Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: ____ / ____ / ____

Driver's License # _____ State Issued: _____

(Must Include a Colored Copy)

Phone # _____ Cell or Home (circle one)

If Leasing: Number of Months: _____ Move-in Date: _____ Move-out Date: _____

(If leasing, must include a copy of the Signed Lease)

If Purchasing: Date of Closing: _____ **(Must include a copy of the Sales Contract)**

Employer Company: _____ Phone: _____ Years with Company: _____

Job Title: _____ Supervisor Name: _____

Have you ever been evicted? YES _____ NO _____

Have you ever been in litigation with a landlord? YES _____ NO _____

Have you ever had adjudication withheld or been convicted of a crime? YES _____ NO _____

Current Unit Owner Name: _____ Unit # _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

AccuData Screening Requested:

Package: 1 (2) 3 4

Phone: (954) 755-8379 Fax: (800) 521-1905 EMail: AccuDataInc@Bellsouth.net