

An Age 55+ Community
c/o All Florida Services Management
2831 Ringling Blvd, Ste. 101 A
Sarasota, FL 34237
(941) 366-7466

APPLICATION TO PURCHASE / LEASE UNIT

- Units must be inspected by a Board Member to ensure compliance before the Orientation Meeting may be conducted and sales or leases finalized.
- Any outstanding money owed to The Riverview by current/previous owners must be paid before the unit can be sold or leased.
- This application must be filled out completely and signed by applicants.
- Applicants are required to appear in person at the Orientation Meeting.

DATE OF APPLICATION: _____ **PURCHASE** _____ **OR LEASE** _____

Owner(s) Information

Present Owner(s): _____

Current Address: _____

Phone: Daytime: (_____) _____ Cell: (_____) _____ Night: (_____) _____

Realtor/Agent: _____ Company: _____ Phone: (_____) _____

Purchase Closing Date: _____ **Lease Dates: From:** _____ **To:** _____

(Three months minimum)

Applicant Information:

The Riverview Association, Inc. shall have the right to run a background check on all occupants at a cost of \$50.00 for each individual occupant. In addition, there is a \$100.00 fee to process your application. Completed applications plus the above-mentioned fees are due prior to beginning approval process. Once you are approved, we will schedule your Orientation Meeting.

Name: _____ Spouse/Co-Applicant: _____

DOB: _____ SS# _____ DOB: _____ SS# _____

Drivers Lic: _____ State: _____ Drivers Lic: _____ State: _____

Email: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Daytime: (_____) _____ Cell: (_____) _____ Night: (_____) _____

UNIT #: _____

If **purchasing**, will you reside in unit? Yes will you be: Full Time Seasonal

No will unit be: Leased Empty

OTHER RESIDENTS (IF ANY) WHO WILL PERMANTLY RESIDE IN THE UNIT:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

VEHICLES: (Only two parking places permitted per unit on The Riverview Association, Inc. property.)

Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____ Color: _____

Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____ Color: _____

PROSPECT OWNER/LESSEE :

Occupation: _____ Employer: _____

Dates of Employment: From _____ To _____ Still Working Retired

Business Address: _____ City: _____

State: _____ Zip Code: _____

CO PROSPECT OWNER/LESSEE :

Occupation: _____ Employer: _____

Dates of Employment: From _____ To _____ Still Working Retired

Business Address: _____

City: _____ State: _____ Zip Code: _____

REFERENCES: (Two Required – Non Family)

#1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____

#2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (_____) _____

EMERGENCY CONTACTS: (Two Required)

#1. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Phone: (____) _____

2. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Phone: (____) _____

**Has the owner or representative provided you with the Riverview Association Inc. documents:
"Rules and Regulations" and "Frequent Questions and Answers"
to read prior to the Organizational Meeting.**

Yes

No

Authorization of Background Verification

I/we do authorize with my/our signatures(s) the release of public records, criminal records, rental/lease information and employment verification plus any other records, whether by fax, Internet search, verbal, email, photocopy or original signature, to The Riverview Association, Inc. and any subcontractors and/or designees, and acknowledge that it may be viewed now and in the future by the same parties.

Applicant Signature: X _____ Date: _____

Co-applicant Signature: X _____ Date: _____

I/WE CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE.

Applicant Signature: X _____ Date: _____

Co-applicant Signature: X _____ Date: _____