FONTAINEBLEAU CONDOMINIUM RESALE APPLICATION

| Application Date: | _// | UNIT### | of Bedrooms | F | Purchase price | | | |
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| | | | OFNIT OWNER - | | MATION. | | | |
| RST | | LAST | SENT OWNER IN | FORM MIDI | | | | |
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| MAILING ADDRESS | | | | CITY | | | STATE and ZIP | |
| IOME BUONE | | | 051 | <u> </u> | ONE | | | |
| IOME PHONE: | | | CEL | L PH | ONE: | | | |
| | | PROSPE | CTIVE PURCHASE | R INF | ORMATION | | | |
| IAME FIRS | ST | LAST | | MIDDI | | S | S# | |
| CURRENT ADDRESS | | | | CITY | | S | ΓΑΤΕ and ZIP | |
| | | | | | | | | |
| DATE OF BIRTH O | CCUPPATION | | ACTIVE/RETIRE | ΞD | HOME PHONE | | CELL PHONE | |
| EMPLOYER | | | NUM | BER (| OF YEARS EMPLOYED | | | |
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| NAME FIRST | | PR(LAST | OSPECTIVE CO-PI | URCH MIDDI | | SS | 6# | |
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| CURRENT ADDRESS | | | (| CITY | | ST | ATE and ZIP | |
| DATE OF BIRTH O | CCUPPATION | | ACTIVE/RETIRE | ΞD | HOME PHONE | | CELL PHONE | |
| | | | | | | | | |
| EMPLOYER | | | NUM | BER (| OF YEARS EMPLOYED | | | |
| | NAME | OF PERSONS OT | THER THAN PURC | HASE | R RESIDING IN THE UN | NIT | | |
| NAME | | | AGE | AGE | | RELATIONSHIP | | |
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| <u>.</u> | | | | | | | | |
| 3. | | | | | | | | |
| | | PR | OFESSIONAL REF | ERE | NCES | | | |
| l. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| | | F | PERSONAL REFE | RENC | ES | | | |
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| ? 3. | | | | | | | | |
| | | | | | | | | |
| As the purchaser, I pelief. | do hereby attest t | that the forgoing | g information is | true | and correct to the be | st of n | ny knowledge and | |
| Name of Prospective | e Purchaser | Date | | | | | | |
| Name of Co- Prospe | ective Purchaser | Date | | | | | | |

FONTAINEBLEAU CONDOMINIUM RESALE APPLICATION

AUTHORIZATIONRelease of Information

I authorize an investigation of my credit, tenant history, banking and employment for the purposes of renting a house, apartment, or condominium from this owner, manager, brokerage, finder, agent or leasing company

| Name (please print) | _ | |
|---------------------|----------|--|
| | _ | |
| Signature | Date | |
| Name (please print) | | |
| Signature | Date | |