

# LESSTER CONDOMINIUM RESALE APPLICATION

Application Date: ___/___/___	UNIT #	# of Bedrooms	Purchase price
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PRESENT OWNER INFORMATION			
FIRST	LAST	MIDDLE	
MAILING ADDRESS		CITY	STATE and ZIP
HOME PHONE:		CELL PHONE:	

PROSPECTIVE PURCHASER INFORMATION				
NAME	FIRST	LAST	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	OCCUPATION	ACTIVE/RETIRED	HOME PHONE	CELL PHONE
EMPLOYER			NUMBER OF YEARS EMPLOYED	

PROSPECTIVE CO-PURCHASER				
NAME	FIRST	LAST	MIDDLE	SS#
CURRENT ADDRESS			CITY	STATE and ZIP
DATE OF BIRTH	OCCUPATION	ACTIVE/RETIRED	HOME PHONE	CELL PHONE
EMPLOYER			NUMBER OF YEARS EMPLOYED	

NAME OF PERSONS OTHER THAN PURCHASER RESIDING IN THE UNIT		
NAME	AGE	RELATIONSHIP
1.		
2.		
3.		

PROFESSIONAL REFERENCES
1.
2.
3.

PERSONAL REFERENCES
1.
2.
3.

As the purchaser, I do hereby attest that the forgoing information is true and correct to the best of my knowledge and belief.

Name of Prospective Purchaser	Date
Name of Co- Prospective Purchaser	Date

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## **AUTHORIZATION Release 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