

**Clifton Management, Inc.**  
**Application for Sale- Background/Credit Check**

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Condo/Homeowners Assoc. Address: \_\_\_\_\_

Condo/Homeowners Assoc. Unit #: \_\_\_\_\_

Approval of the Board of Directors must be obtained PRIOR to consummating the sale of or rental of the Unit. In order to obtain approval, please complete this form, attach a copy of your Drivers License and forward payment for the background check and credit report in the amount of \$60 for first buyer and \$50 for each additional buyer made payable to:

Clifton Management, Inc.  
1326 So. Ridgewood Ave., Ste. 14  
Daytona Beach, FL 32114  
(386)767-5575; (386) 255-5234 (fax)

\* Please remember to include a check or money order (**no cash**) and a copy of a Driver's License for each person of or over the age of 18 years requiring a credit report / background check.

\* Incomplete applications brought to management **will not** be processed.

\* Please allow at least 3 business days for all applications to be processed.

Proposed Buyers:  
Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By my/our signatures below, I/we hereby give permission to Clifton Management, Inc. to obtain a credit report and a background check on each of us for the purpose of buying the above noted unit. Our Social Security Numbers are listed with each of our names.

#1  
Signature \_\_\_\_\_

\_\_\_\_\_ Social Security No.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Drivers License No.

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Date

#2  
Signature \_\_\_\_\_

\_\_\_\_\_ Social Security No.

\_\_\_\_\_ Print Name

\_\_\_\_\_ Drivers License No.

\_\_\_\_\_ Date of Birth

\_\_\_\_\_ Date

**Sun Place Condominium Association, Inc.**

1326 S Ridgewood Avenue  
Daytona Beach, FL 32114

Phone: 386-767-5575  
Fax: 386-255-5234

**Purchase Approval Application**  
PLEASE FILL OUT COMPLETELY – Incomplete applications will not be processed.

PROPERTY APPLYING FOR (Unit #): \_\_\_\_\_

Sales Associate Name:		Telephone:
Email address:	Fax:	Anticipated Closing date:
Title Company Name:		Telephone:
Closing Agent Name:		Telephone:
Email address:	Fax:	Copy of Sales Contract Attached: (Y/N)

**SELLER INFORMATION:**

Owner Name Last	First	MI	DOB:	SS #:
Address:	City:		State:	Zip:
Email Address:				

**APPLICANT INFORMATION:**

Applicant Name: Last	First	MI	DOB:	SS#:
Drivers License #:	State Issued:		Home Phone:	
Current Address:	Apt #:	City:	State:	Zip:
Present Employer:	Phone #:		Job Title:	
Employer Address:	City:		State:	Zip:
Supervisors Name:	Length of Employment:			

Applicant Name: Last	First	MI	DOB:	SS#:
Drivers License #:	State Issued:		Home Phone:	
Current Address:	Apt #:	City:	State:	Zip:
Present Employer:	Phone #:		Job Title:	
Employer Address:	City:		State:	Zip:
Supervisors Name:	Length of Employment:			

**OCCUPANT INFORMATION (Please list all other people living in dwelling including all children)**

Name: Last	First	MI	Age
Name: Last	First	MI	Age
Name: Last	First	MI	Age

Vehicle Information: (Please list all vehicles that belong to occupants)

Automobile Make:	Model:	Year:	License Plate #:	State Issued:
Automobile Make:	Model:	Year:	License Plate #:	State Issued:

Miscellaneous Information:

Emergency Contact #:	Phone:	Relationship:
Address:	City:	State: Zip:

REFERENCES:

Contact Name:	Phone:	Relationship:
Contact Name:	Phone:	Relationship:

Application Statement: (Each statement MUST be initialed by each applicant)

I understand that a criminal background check, social security verification, credit history, and employment verification will be processed prior to Association approval. (\_\_\_\_/\_\_\_\_)

I have received and reviewed a copy of the Association declaration of covenants and restrictions, I understand the documents and agree to abide by the rules and regulations set forth and will ensure all persons using the premises under my permission will abide by these rules under penalty of approval termination. I understand that any violation of the rules and regulations shall be reviewed by an Association Board Member hearing and fines may be assessed. (\_\_\_\_/\_\_\_\_)

I understand there are NO PETS weighing in excess of twenty (20) pounds nor shall more than one (1) such pet be permitted per unit. (\_\_\_\_/\_\_\_\_)

I understand that a written application and Association Approval is required prior to ANY unit renovation. (\_\_\_\_/\_\_\_\_).

I understand that I must receive Association Approval prior to occupancy of the unit or residence. (\_\_\_\_/\_\_\_\_)

I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct. (\_\_\_\_/\_\_\_\_).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**A COPY OF THE EXECUTED SALES CONTRACT IS REQUIRED FOR ASSOCIATION APPROVAL**

*We require at least 10 business days for processing/obtaining the required board member signatures. Seller or sellers' agent is responsible for providing the applicant with a copy of the Association Declaration of Covenants and Restrictions. If the owner should need to obtain a copy of the CCR's, please visit [cliftonmanagement.com](http://cliftonmanagement.com) to order the documents for immediate download.*

APPLICATION CHECKLIST:

Complete application
Non-refundable application/estoppel fee for \$250-1 payable to Clifton Management
Copy of vehicle registration (for each vehicle that will be routinely parked on property).
Copy of drivers license (for each occupant over the age of 18)
Copy of executed contract

OFFICE USE ONLY:

Non-refundable Application/Estoppel Processing Fee:	Collected by:	Date:	Check#:
Assessments owed to the Association:	Paid:	Accounting Clearance by:	
Association Approval by (print name):			
Signature	Position:	Date:	