

# Sabal Cove Homeowners Association

c/o Longboat Private Services PO Box 8158 Longboat Key, FL 34228

info@longboatps.com 941-306-1118

## Application For Approval of Sale

### Applicant

### Co-Applicant

Name \_\_\_\_\_

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

City, State, ZIP \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Purchasing Property At \_\_\_\_\_

Expected Closing Date \_\_\_\_\_ Mortgage: YES NO

Expected Residency Full-Time \_\_\_\_ Periodic \_\_\_\_ Seasonal \_\_\_\_

If Seasonal, List Months of Residency \_\_\_\_\_

Vehicle #1 \_\_\_\_\_ Vehicle #2 \_\_\_\_\_

Dog Breed & Weight \_\_\_\_\_

Other Pets \_\_\_\_\_

In Addition To Applicants, List Others Who Will Reside During The Year and Their Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Date Signature Date

*Please Include Check for \$100.00 Payable To Sabal Cove Homeowners Association*