

The Condominiums of Indian Harbour Association, Inc.

c/o Vesta Property Services
907 E Strawbridge Ave. Suite 104
Melbourne, FL 32901

PURCHASE APPROVAL REQUEST

This form as well as a \$100 transfer fee (payable to the Condominiums of Indian Harbour) is to be submitted to Vesta Property Services **at least 30 days prior to the intended closing date.**

The board reserves the right for an interview at a time convenient to the buyer before closing. The seller is required to provide the buyer with a copy of the association documents before closing. If the documents are not provided to the buyer before closing, a \$25.00 fee will be charged to the seller to have a copy made.

Seller/Owner Name: _____

Unit Number: _____ Estimated Closing Date: _____

***This is a 55 and over community.
At least one owner must be age 55 or over, and a fulltime resident in the unit.***

Buyer Name(s): _____

Primary Mailing Address: _____

Telephone #: _____ 2nd Phone: _____

Email Address: _____

I have been given a copy of the Condominium Documents and the official Rules and Regulations of the Condominiums of Indian Harbour Association. **I have read the rules and agree to comply with them.**

Signature (Buyer): _____ **Date:** _____

Signature (Buyer): _____ **Date:** _____

PLEASE RETURN VIA MAIL OR EMAIL TO:

info-sc@vestapropertyservices.com

**Vesta Property Services
907 E Strawbridge Ave. Suite 104
Melbourne, FL 32901**

In our procedure for processing your application, a criminal background report will be run. The total cost is \$50.00 per applicant (per person) (prices subject to change) and checks should be made to Vesta Property Services. These inquiries include information as to your character, general reputation, and personal characteristics. To complete the background check, please provide your full name(s), social security number(s) and date(s) of birth. Once the background check is complete all social security numbers will be blacked out on the application.

Applicant 1 **Date:** _____

First, Middle, and Last Names: _____

Social Security Number: _____

Date of Birth: _____

Applicant 2 **Date:** _____

First, Middle, and Last Names: _____

Social Security Number: _____

Date of Birth: _____

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Vesta Property Services

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FOR MANAGEMENT ONLY

- HOA fee received
- Background check fee(s) received
- Background checks submitted
- Background checks complete
- Application submitted for Board approval
- Approved
- Denied