

**AQUA GARDENS TOWNHOUSE ASSOCIATION, INC., AN OVER 55 COMMUNITY  
TOWNHOUSE/VILLA PURCHASE APPLICATION/ INFORMATION FORM**

- This application must be completed in detail by the proposed buyer.
- The \$125 APPLICATION FEE must accompany this completed form and PROOF of AGE.

Name(s) of Buyer: \_\_\_\_\_

Unit Address being Purchased: \_\_\_\_\_ Closing Date \_\_\_\_\_

Buyer(s) Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Buyer(s) Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

Real Estate Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons occupying the unit: \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Type of Vehicle(s)	Make	Model	Year	Color	Tag#
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1. \_\_\_\_\_

2. \_\_\_\_\_

This Property is being purchased for: \_\_\_\_\_ Full Time Residence or \_\_\_\_\_ Seasonal Residence

REFERENCES (2): Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

I/We have received and read thoroughly a complete set of the Association's Declaration of Condominiums, By-Laws, and Rules and Regulations and hereby agree on the behalf of all persons who may occupy the unit to abide by all the restrictions contained within them.

Buyer: \_\_\_\_\_ Buyer: \_\_\_\_\_

Application Date: \_\_\_\_\_ Application Date: \_\_\_\_\_

Please Complete and Return to: Palmer Property Management  
6210 Scott St. #214, Punta Gorda, FL 33950  
(P)941-875-9273 (F) 941-875-9397 (E) [DDm@mvDpm.net](mailto:DDm@mvDpm.net)

**BOARD OF DIRECTORS USE ONLY:**

PROOF OF AGE ATTACHED: Y / N

DATE OF INTERVIEW: \_\_\_\_\_ APPROVED: Y / N

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_