

Crystal Pointe HOA Purchase Application

Please complete all sections of this application in full.

Property Information

Address of Property to Purchase: _____

Anticipated Closing Date: _____ (MM/DD/YYYY)

Applicant Information

Applicant Name

Cell Number

Email Address(es):

Current Address:

Realtor Information

Buyer's Realtor Name

Cell Number

Seller's Realtor Name

Cell Number

All Occupants

Full Name

Age & Relationship to Applicant

Vehicle Information

Make

Model

Year

License Plate Number

Pet Information

Number of Pets: _____

Breeds:

Emergency Contact Information

Name: _____

Relationship: _____

Phone Number: _____

All purchasers 18 years of age or older must sign below

Signature

By signing below, I certify that I have read the Governing Documents and Rules and Regulations of Crystal Pointe HOA and that the information provided above is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Please submit this application with a copy of the fully executed purchase contract and \$25.00 check made payable to Crystal Pointe HOA to:

Crystal Pointe Property Manager
2600 Crystal Pointe Way
Palm Beach Gardens, FL 33410