

L-I-T-W CONDOMINIUM ASSOCIATION, INC.  
**LAKE IN THE WOODS II CONDOMINIUM ASSOCIATION**  
4570 Stack Boulevard, Melbourne, Florida 32901-8580

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

Transfer Fee Attached \_\_\_\_\_  
(\$100.00 payable to Lake in the Woods II)

**APPLICATION FOR PURCHASE / TRANSFER OF OWNERSHIP**

(Please Print)

NAME OF OWNER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

NAME(S) OF APPLICANT \_\_\_\_\_

(All adults, not members of the same family planning to occupy a single unit must complete this form and submit a transfer fee of \$100.00 each.)

CURRENT ADDRESS \_\_\_\_\_

OWNED \_\_\_\_\_ RENTED \_\_\_\_\_ YEARS AT ABOVE ADDRESS \_\_\_\_\_

IF LESS THAN THREE YEARS, PREVIOUS ADDRESS:

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRESENT OCCUPATION \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

EVER BEEN ARRESTED? \_\_\_\_\_ IF YES, ON WHAT CHARGE? \_\_\_\_\_

\_\_\_\_\_

DISPOSITION OF CASE \_\_\_\_\_

EVER FILE BANKRUPTCY? \_\_\_\_\_ EVER BEEN EVICTED? \_\_\_\_\_

DATE OF CLOSING AND OCCUPANCY DATE \_\_\_\_\_

**LEGAL NAMES/AGES OF ALL PERSONS INTENDING TO OCCUPY UNIT:**

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

3. \_\_\_\_\_ 4. \_\_\_\_\_

PETS:

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Weight \_\_\_\_\_

\_\_\_\_\_  
Age: \_\_\_\_\_ Weight \_\_\_\_\_  
(See Page 22 of the Documents for full requirements)

Animals and pets shall be restricted to one dog and one cat or combination thereof for a total of not more than two such pets/animals; and the following in reasonable numbers; fish, domestic birds, hamsters, lizards, gerbils, turtles, guinea pigs and rabbits. **No dog or cat shall weigh in excess of 25 pounds when weighed at maturity.** Dogs and Cats must be inoculated against rabies. **Applicants must provide proof of rabies vaccination and weight of pet with this application.** Leash laws apply when outside the unit. Pets shall not create a nuisance.

**INFORMATION ON ALL VEHICLES OF UNIT OCCUPANTS LISTED ABOVE (No Commercial Vehicles Allowed):**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ TAG# \_\_\_\_\_

**A NON REFUNDABLE CHARGE OF \$100.00 IS REQUIRED FOR PROCESSING THIS APPLICATION.**

I/We certify that the information given herewith is complete and correct. I/We authorize the Board of Directors, L-I-T-W Condominium Association, Inc., to communicate with past and current landlords, employers and creditors, and to procure such other information which may be required to evaluate this application, including a credit report.

False or derogatory information stated on the application may constitute grounds for rejection of this application and may constitute a criminal offense under the laws of this State.

In signing this application, the applicants agree to read and obey all docs, bylaws, rules and policies, available at our website at [litw2condominiums.com](http://litw2condominiums.com). Click on the Docs tab.

**SIGNATURES OF ALL ADULTS PLANNING TO OCCUPY THIS UNIT:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Contact Information: Phone Numbers/Email:

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