



SCOTTISH HIGHLANDS CONDOMINIUM ASSOCIATION, INC  
1 SCOTTISH HIGHLANDS BLVD, LEESBURG, FL 34788

APPLICATION FOR UNIT TRANSFER OF OWNERSHIP

PURSUANT TO ARTICLE 6 OF THE BYLAWS OF THE SCOTTISH HIGHLANDS CONDOMINIUM ASSOCIATION, INC., AN OWNER INTENDING TO SELL A UNIT MUST SEEK THE APPROVAL OF THE BOARD **AT LEAST TEN (10) DAYS PRIOR TO THE SALE.** ANY SALE NOT AUTHORIZED SHALL BE VOIDABLE AT THE DISCRETION OF THE BOARD.

**THE BOARD CAN VOID ANY SALE AND LEASE WHERE THE BOARD DETERMINES THAT THE APPLICATION PROVIDED TO THE ASSOCIATION CONTAINS FALSE OR MISLEADING INFORMATION, INCLUDING BUT NOT LIMITED TO THE PERSONS WHO WILL OWN OR OCCUPY THE UNIT.**

I/we hereby notify the Board of Directors of Scottish Highlands Condominium Association, Inc. that I/we wish to transfer ownership of my/our unit as indicated below and request your approval.

Seller(s) Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Unit No \_\_\_\_\_

Date \_\_\_\_\_ Current Owners Signature(s) \_\_\_\_\_

Notice of approval or rejection sent to Owner(s) \_\_\_\_\_ Agent \_\_\_\_\_

Buyer Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Buyer Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Buyer E-mail Address \_\_\_\_\_

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

Buyers Real Estate Agent (if applicable) \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

I /we are purchasing this unit for (check each that applies):  
Permanent residence \_\_\_\_\_ Part Time Residence \_\_\_\_\_ Rental Investment \_\_\_\_\_

Name and Number of adults who will occupy this unit (Must Be Completed):

Age 55+ \_\_\_\_\_  
\*\* Age 45 - 54 \_\_\_\_\_

Do you expect anyone else to move into your resident? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain on back.

**\*\*No one under the age of 45 will be permitted** except as allowed under Condominium documents. I/we certify that I/we understand that residence in the condominium is governed by the provisions in its governing documents, which are legal documents prepared and issued for the benefit of all owners in the condominium, and agree to abide thereby. I/we understand that noncompliance to these governing documents could result in legal action against me/us, and I/we would be responsible for all corresponding legal fees incurred by the community. I/we have received a copy, and read the condominium documents. **I/we authorize a financial and criminal background check to be completed. MINIMUM CREDIT SCORE FOR APPROVAL IS 730. Any future occupants of the property will have to pass a background check BEFORE moving in.**

If this application is approved, I/we intend to close on this unit (date) \_\_\_\_\_  
I/we plan to occupy the unit on (date) \_\_\_\_\_

**I/we certify that all of the information contained in this application is true and accurate.**

**Buyer(s) Signature(s)** If purchase is for Joint ownership, both must sign:

\_\_\_\_\_  
**Signature of Applicant (if other than buyer)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Buyer must submit the following documents with the application:**

- Attach copies of drivers licenses of all occupants
- Write your social security number(s) next to the drivers license in pencil.
- Attach a non-refundable check in the amount of \$100.00 made payable to S.H.C.A., INC. for the screening fee.
- **MINIMUM CREDIT SCORE FOR APPROVAL IS 730.**
- Buyers are required to attend an orientation session.

**Failure to attach the required documents and payment will delay the processing of your application.**

Application Received on \_\_\_\_\_ Documents Attached Yes/No \_\_\_\_\_  
Orientation Completed by \_\_\_\_\_ Date \_\_\_\_\_ Background Check Completed by \_\_\_\_\_ Date \_\_\_\_\_  
We Recommend: Approval \_\_\_\_\_ Rejection \_\_\_\_\_ If this application is rejected, state reason: \_\_\_\_\_

**Board of Directors:**

Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_  
Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Check # \_\_\_\_\_ Received from \_\_\_\_\_ Date \_\_\_\_\_ Copy of the contract for sale \_\_\_\_\_ yes \_\_\_\_\_ no