

<b>APPLICATION FOR CONSENT TO TRANSFER</b>	
<b>THE SANDARAC ASSOCIATION, INC.</b> (Please print)	
UNIT #	DATE
SELLERS NAME	SPOUSE
BUYERS NAME	SPOUSE
CURRENT ADDRESS	CITY
STATE	ZIP CODE
EMPLOYER	TELEPHONE #
UNIT WILL BE TITLED IN THE NAME OF:	CLOSING DATE
WILL YOU UNIT BE RENTED – Y/N MONTHLY RENTALS ONLY	
THE UNDERSIGNED ACKNOWLEDGES THAT THEY HAVE RECEIVED, READ AND AGREE TO ABIDE BY, THE GOVERNING DOCUMENTS, BY-LAWS, AND AMENDMENTS THERE TO. APPLICANT (S) HEREBY GRANT (S) THE ASSOCIATION PERMISSION TO MAKE CREDIT AND/OR BACKGROUND CHECKS AS IT DEEMS NECESSARY.	
APPLICANT’S SIGNATURE	SPOUSE
APPLICANT’S SIGNATURE	SPOUSE
<b>THE CONSENT TO TRANSFER WILL BE MAILED TO THE CLOSING AGENT AS LISTED BELOW:</b>	
TITLE COMPANY/ATTORNEY NAME	EMAIL
ADDRESS	CITY
STATE	ZIP
TELEPHONEL	FAX #
<b>IMPORTANT: IN ORDER TO PROVIDE A CONSENT TO TRANSFER, WE MUST RECEIVE THE FOLLOWING AT LEAST 20 DAYS PRIOR TO CLOSING.</b>	
<b>1. COPY OF SALES CONTRACT      2. THIS COMPLETED APPLICATION      3. \$100.00 CONSENT FEE</b>	