

**ST. JAMES GOLF CLUB HOMEOWNERS ASSOC., INC.**

**5601 St. James Blvd., Port St. Lucie., Fl. 34983**

**Telephone (772) 344-0219 Fax (772) 344-0818**

**Application for Approval of Sale ( )**

**Date of Closing** \_\_\_\_\_

**Application for Approval of Lease ( )**

**\$100.00 fee must accompany this Application**

**Date** \_\_\_\_\_

I/We the undersigned furnished the following information for the us of the Board of Directors of St. James Golf Club HOA and do authorize them to contact all references as they see fit.

**Present Owners Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**St. James Address:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Owners Mailing Address:** \_\_\_\_\_

**New Owner/Tenant Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**New Owner/Tenant Address:** \_\_\_\_\_

**Spouse Name** \_\_\_\_\_ **Alternate #** \_\_\_\_\_

**Other Occupants:** \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Lic#** \_\_\_\_\_ **State** \_\_\_\_\_ **Yr. Color** \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Lic#** \_\_\_\_\_ **State** \_\_\_\_\_ **Yr. Color** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Name & Address of Employer** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Reference Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co: Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

**List all Pets:** \_\_\_\_\_

**MAY 2010**