

VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: **YWP2.COM**

EMAIL: **POA@YWP2.COM**

PHONE: **(888) - POA-VWP2**
(TOLL-FREE) - (888 - 762-8972)

FAX: **(888) - FXX-VWP2**
(888 - 399-8972)

(FORM # 1-O) - UNIT OWNER REQUEST TO POA. FOR NEW OCCUPANT PACKAGE

I / We, 1. _____, owner(s) of Unit # 2. _____

_____, in the Villas of Windmill Point II, hereby notify the POA., that (I / we) are intending to add, transfer or change the following OCCUPANT(s) of the above unit within the next 15 to 30 days, and request the POA send an individual OCCUPANT -Information/ Application package to the following individual(s) who are 18 years of age or older, and authorize the POA to contact them to arrange for a background check / screening, and personal interview and registration for a required POA Certificate of Approval, together with a \$50.00 Processing Fee submitted with this form:

3. Name and CURRENT Address of New Occupant # 1 4. Name and CURRENT Address of New Occupant # 2

a. _____ a. _____

b. _____ b. _____

c. _____ c. _____

d. PHONE NUMBER: _____ d. PHONE NUMBER: _____

e. EMAIL: _____ e. EMAIL: _____

RELATIONSHIP OF NEW OCCUPANT #1 TO EXISTING OCCUPANT(S) RELATIONSHIP OF NEW OCCUPANT #1 TO EXISTING OCCUPANT(S)

f. _____ f. _____

5. DOES NEW OCCUPANT# 1 HAVE AN ADDITIONAL VEHICLE? 6. DOES NEW OCCUPANT# 2 HAVE AN ADDITIONAL VEHICLE?

a. _____ IF YES, WILL UNIT TOTAL EXCEED 2? b. _____ a. _____ IF YES, WILL UNIT TOTAL EXCEED 2? b. _____

7. IS NEW OCCUPANT # 1 BRINGING A PET? _____ 8. IS OCCUPANT # 2 BRINGING A PET ? _____

9. IS THERE AN EXISTING LEASE WITH AN OWNER OR REAL ESTATE AGENT ON THIS UNIT? _____

10. IF YES, HAS THE OWNER AND/OR MANAGING AGENT BEEN CONTACTED YET ABOUT A NEW OCCUPANT? _____

IF THERE ARE ANY REAL ESTATE AGENTS INVOLVED IN ANY CAPACITY ON THIS UNIT, LIST THEIR INFORMATION BELOW:

11. REAL ESTATE BROKER NAME : _____

12. ADDRESS: _____

13. PHONE NUMBER: _____ 14. EMAIL: _____

15. REAL ESTATE AGENT NAME : _____ 16. PHONE NUMBER: _____

17. CELL PHONE: _____ 18. EMAIL ADDRESS: _____

19. ESTIMATED BEGINNING DATE OF RENEWAL OR NEW OCCUPANCY: _____ 20. OCCUPANCY TERM: _____

21. TOTAL NUMBER OF ADULTS OVER 18 YRS. OLD AFTER NEW OCCUPANTS WOULD MOVE IN _____ 22. TOT. # OF MINORS UNDER 18: _____

23. PERSON MAKING REQUEST: _____ 24. PHONE NUMBER: _____

25. BY: _____ 26. EMAIL: _____

(PRINT NAME)

(SIGNATURE)

27. SUBMIT COMPLETED FORM WITH A \$50.00 PROCESSING FEE TO: "Villas of Windmill Point II POA., Inc.", 273 SW Sterrett Circle, PSL., FL.

28. DATE SUBMITTED: _____ PAYMENT MADE BY: _____