Torino at Grey Oaks Homeowners Association

NEW OWNER APPLICATION

Address of the property being purchased _____

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PLEASE TYPE OR PRINT LEGIBILY THE FOLLOWING INFORMATION:

1. Applicant #1 _____
2. Applicant #2 _____
3. Mailing Address _____
   City _____ State _____ Zip Code _____
4. Home Phone _____ Work Phone _____
5. 1st Cell # _____ 2nd Cell # _____
6. 1st Email _____ 2nd Email _____
7. Employed by _____ Position _____

8. Please state name, relationship and age of all other persons who will be living in the home.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Home Watch Company or Person to be notified in case of emergency with your home:

   _____

   Address _____ Phone _____

10. Make of car _____ Year _____ Tag# _____ State _____

Make of car _____ Year _____ Tag# _____ State _____

11. **If this transaction is a sale**: I am purchasing this unit with the intention to: (1) reside here on a Full-time basis; (2) reside here part-time; (3) lease the unit. (Please circle the number(s) that apply **I (we) will provide the Association with a copy of our recorded deed within 10 days of closing.**

12. I am aware of and agree to abide by the Declaration of the Torino at Grey Oaks HOA, Inc. the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.

13. I understand and agree that the Association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declarations and the rules and regulations of the Association.

14. **Any changes to the exterior of the home, to include lawn decorations, must meet approval of the ARC before changes are made.**

15. **All dogs must be leashed when on property and dog waste must be picked up.**

Dated _____ Applicant Signature _____

Applicant Signature _____

A check for $100 made payable to MAY Management Services must accompany this application for defraying costs of directory updating and other expenses related to the processing of this application.

Please return all paperwork along with payment to:

Mailing and Physical Address: MAY Management Services, Inc.
11100 Bonita Beach Rd. Suite 101
Bonita Springs, FL 34135

Office phone: 239-262-1396

Email: spalmer@maymgt.com