

Century Park Villas, Inc.
OWNER APPLICATION FORM

Complete Name: _____
Last First Middle Initial Suffix

Phone Number: () - _____ Alternate: () - _____

Email Address: _____ Birth Date: _____

SSN: - - _____ License: _____

Present Address: _____ State: _____ Zip: _____

Did/do you own: Yes No How Long in months: _____

If not, landlord's name: _____ Phone Number: () - _____

Prior Address: _____ State: _____ Zip: _____

Did/do you own: Yes No How Long in months: _____

If not, landlord's name: _____ Phone Number: () - _____

CPV Unit Number: _____ Anticipated Move-in Date: _____

Have you been provided a copy of the Century Park Villas Rules and Regulations, and briefed by a Board of Directors designee as to its contents?

Yes No

I certify the above information is true and accurate. I further agree to comply fully with the Century Park Villas Rules and Regulations, and that I will assume responsibility to ensure my authorized guests comply fully with the Century Park Villas Rules and Regulations.

Buyer's Signature Date

Buyer's Signature Date

Board of Directors Designed Briefer Date

Please return this form to:
Century Park Villas
3857 Indian Trail
Destin FL