Foxglove, Inc.
1801 South Surf Road, Hollywood, Florida 33019
A Florida Corporation

APPLICATION TO PURCHASE STOCK

The undersigned wishes to purchase Stock in the Foxglove, Inc. cooperative apartments and take assignment of Proprietary Lease for unit #_____.

(PLEASE PRINT)

Name _____ **SSN** _____

Address _____ DOB _____

_____ Phone _____

Email _____ Cell phone _____

Residence History:

Current: Own _____ Rent _____ How long? _____Yrs. _____Mos.

Landlord's Name & Phone _____

If less than 10 years:

Previous: Address,

Own _____ Rent _____How long? _____ Yrs. ____ Mos.

Landlord's Name & Phone _____

(Use blank sheet of paper if necessary to add information)

Employment History:

Current Employer _____Phone _____

Position _____Supervisor _____

Dates of employment

If less than 10 years:

Previous Employer Phone

Position Supervisor

(Use blank sheet of paper if necessary to add information)

Credit Information:

Name of Bank _____ Acct # _____

Address _____ Type of Acct _____

_____ Phone _____

Annual Income _____

Have you ever declared Bankruptcy? _____When?

The Foxglove, Inc. is authorized to verify the above information.

Signed _____Dale

Name of Applicant _____ **SSN** _____

Vehicle Information:

Driver's License: State/Province

Number _____

Auto: Type _____ Year _____ Color

Plate Number _____ State/Province,

(Use a blank sheet of paper if necessary for additional information)

Legal History:

Have you ever been convicted of a crime other than a traffic offense?

No _____ Yes _____ If yes, explain

Do you use or have you used any illegal drug within the last five years?

No _____ Yes _____ If yes, explain, _____

References: (non- family members – minimum of three required)

1 Name _____ Phone

Address _____

Relationship _____ How long?

2 Name _____ Phone,

Address, _____

Relationship _____ How long?

3 Name _____ Phone

Address, _____

Relationship _____ How long?

4 Name _____ Phone

Address _____

Relationship _____ How long?

The Foxglove, Inc is authorized to verify the above information and contact my references.

Signed _____ Date _____

Name of Applicant _____ **SSN** _____

Occupancy:

The intended use of the apartment will be: Primary residence_____ Vacation home_____

The residents will include (provide additional information on an attached sheet if necessary, ALL occupants MUST be identified):

Name _____DOB _____Relationship

Name _____DOB _____Relationship.

Name _____DOB _____Relationship

Name _____DOB _____Relationship.

Other relatives that may occupy the apartment from time to time (provide additional information on an attached sheet if necessary, ALL potential other occupants MUST be identified):

Name _____DOB _____Relationship.

Name _____DOB _____Relationship.

Name _____DOB _____Relationship.

Name _____DOB _____Relationship.

Have you read the Foxglove Bylaws, the Proprietary Lease and House Rules and are you willing to adhere to them? _

Ownership will be in the name of

and

Relationship

An application must be completed by each proposed owner and submitted with a check for $100 for each person (except husband/wife or parent/dependent child) to cover the cost of credit reports and a criminal background investigation. An interview with the Foxglove, Inc. Board of Directors will be scheduled with proposed owner(s) upon completion of all credit, background, and reference checks.

I hereby state that all information I have provided is accurate and true. I understand that falsification may be a reason for rejection of application.

Signed _____ Date _____