



DATE RECEIVED	_____
DATE OF BOD APPROVAL	_____
BOD OFFICER INITIALS	_____

APPLICATION FOR RESIDENCY-OWNER

Please complete both sides of application and scan or fax to the contact numbers listed below

APPLICANT INFORMATION -- PLEASE PRINT CLEARLY

Unit #	Closing Date:
Name(s)	
	Date Moving In:
Current Address	
	Age of Resident(s)
Email Address(es) <i>Please print clearly</i>	
	Names and Ages of any children who will be living in the unit (must be 18 or older)
Phone Number(s) – please list both cell and landline	
REQUIRED: Proof of Age - Copy of driver's license or a valid photo ID, must accompany this application in order to be approved by the Board of Directors	

REFERENCES (Please include three local personal references)

(1) Name
Address
Contact Information (phone and email)
(2) Name
Address
Contact Information (phone and email)
(3) Name
Address
Contact Information (phone and email)
CAREERS AND/OR PAST EXPERIENCE:

CONTACT: gayle@crowfieldsoffice.com

1745 Hendersonville Road Asheville, North Carolina 28803-3231 (828) 274-5068 Fax # (828) 274-1057



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**PETS--Type, Breed and Weight (One dog 30 lbs. or less, or one dog and one cat, or two cats)
Vaccination verification required for pets (See Rules and Regulations)**

VEHICLES—Make, Model (No trucks, motorcycles or RV's [Recreational Vehicles] permitted); See Rules and Regulations

Initial

	I (we) acknowledge the above information to be current and correct
	I (we) acknowledge having read the Bylaws and Rules and Regulations located on the Crowfields website www.crowfieldsasheville.com , and agree to reside in Crowfields Condominiums in accordance with these documents.
	I (we) acknowledge a copy of pet vaccinations is required.
	I (we) acknowledge monthly fees will be paid via auto debit

Signature

Date

Signature

Date

Note: Applications must be approved by the Board of Directors prior to purchase of a unit. It must be received at least 10 days prior to the Board meeting (First Tuesday of each month)

Crowfields Business Office needs advanced notice of no less than 10 days prior to closing.

Board approval of this application will serve as age verification for Crowfields Condominium Association

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UPDATED FEBRUARY 2020