

**Quincy Park Condominium Association
Resale Application**

Please Note: All information must be completed before application will be processed. Incomplete application will be returned. Please provide the buyers' full names, as they will appear on the title deed, not nicknames.

Unit: _____ **Address:** _____

Tentative Closing Date: _____

SELLER INFORMATION:

Name: _____

Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Attorney: _____

Address: _____

Phone: _____ **Fax:** _____

BUYER INFORMATION:

Name: _____

Name: _____

Current Address: _____

Home Phone: _____ **Work Phone:** _____

Attorney: _____

Phone: _____ **Fax:** _____

Will buyer(s) reside in unit? Yes _____ **No** _____

If no, a copy of the Lease agreement is required 10 days prior to occupancy.