

600 LA PENINSULA CONDOMINIUM ASSOCIATION

c/o Property Management Professionals
75 Vineyards Blvd, Third Floor
Naples, FL 34119
PH: 239-353-1992

Request for Purchase Approval

To: The Board of Directors of **600 La Peninsula Condominium Association**

The undersigned hereby applies for approval to purchase condominium Unit # _____ La Peninsula Blvd, and for membership in the Condominium Association. **A copy of the executed sales contract, signed copy of the Receipt of Condominium Documents, copy of Driver License, and a processing fee of \$150 are attached (\$100 made payable to Property Management Professionals and \$50 made payable to 600 La Peninsula).**

In order to facilitate consideration of this application, the undersigned represents that the following information is factual and true and agrees that any falsification or misrepresentation in this application will justify its disapproval. The Applicant also consents to the Association’s further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full name of Applicant _____ SS# _____ DOB _____
Full name of Co-Applicant _____ SS# _____ DOB _____

2. Present Address _____
Home Phone# _____ Cell Phone# _____

3. Nature of business or profession _____

4. Company or firm name _____

5. Position held _____ Address _____

The condominium documents of **600 La Peninsula Condominium**, provide an obligation of unit owners that all units are for **single family residences only**.

6. Number of Individuals who will be residing in the unit _____

7. Name of all Individuals residing in the unit and their relationship to primary occupant:

The following questions concern the applicant(s)

8. Three personal references (local if possible)
a) Name _____ Address _____
City/State/Zip _____ Phone# _____

b) Name _____ Address _____
City/State/Zip _____ Phone# _____

c) Names _____ Address _____
City/State/Zip _____ Phone# _____

9. Bank Reference _____ Phone# _____

10 Person to be notified in case of emergency _____
City/State/Zip _____ Phone# _____

11. Make/Model of Vehicle _____ Year _____ Lic. Plate _____ State _____

12. Please check on of the following:
- I/We plan to reside here Full-time
 - I/We plan to reside here Part-time
 - I/We plan to lease the unit
 - I/We plan to live here part-time and lease part-time
 - None of the above – Please state planned use _____

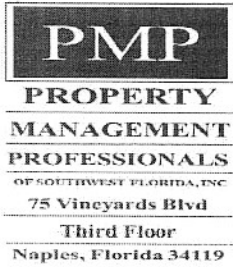
13. The applicant(s) are aware of and agrees to abide by the Declaration of 600 La Peninsula, a A condominium, the Articles of Incorporation, ByLaws, and any and all property promulgated rules and regulations in effect withing the terms of the occupancy. Receipt of a copy of the association documents, including copies of the purchase application process, the Request for approval to purchase form and a copy of the Summary of Rules.

Authorization: I/We hereby authorize Property Management Professionals and/or 600 La Peninsula Condominium Assoc., to verify all information contained on this application. We also authorize them to conduct a full background check, including but not limited to credit, employment, income, eviction and criminal; and allow them to contact any and all persons or companies listed on this application.

If requested the applicants also agree to be interviewed by 600 La Peninsula.

Dated _____ Applicant Signature _____
Applicant Signature _____

Application Approved _____ Disapproved _____
Date _____ By _____ Officer or Director



BACKGROUND/CREDIT CHECK APPLICATION

PROPERTY INFORMATION				
Address		City	State	Zip Code
Move-In Date	Move-Out Date(if applicable)			
PRIMARY APPLICANT				
Full Name		Date of Birth	Social Security Number	
Present Address		Present City	State	Zip Code
Primary Phone Number	Driver License Number	Primary Email Address		
SECONDARY APPLICANT (IF APPLICABLE)				
Full Name		Date of Birth	Social Security Number	
Present Address		Present City	State	Zip Code
Primary Phone Number	Driver License Number	Primary Email Address		

I/We authorize Property Management and First Advantage to do a complete investigation of all information provided with my application for residency. I/We have personally filled in and/or reviewed all information within the application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MPHA), Employment Verification, Eviction Records and Personal Interviews with references. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. I/We acknowledge that First Advantage provides reports by written, electronic or verbal instructions to property managers of my choice and does not participate in the approval or denial process, and does not guarantee an approval. My submitting this application below acknowledges and agrees with all terms above and authorizes companies to release rental, eviction, credit and criminal record information. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgement on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

 Primary Applicant Signature

 Date Secondary Applicant Signature

 Date