

OLDE NAPLES SEAPORT CONDOMINIUM ASSOCIATION, INC.

**APPLICATION FOR APPROVAL OF
SALE OR LEASE OF CONDOMINIUM UNIT**

TO: The Board of Directors of Olde Naples Seaport Condominium Association, Inc.

- [] I hereby apply for approval to purchase unit _____ in the Olde Naples Seaport, a Condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached.
- [] I hereby apply for approval to lease unit _____ in the Olde Naples Seaport, a Condominium,, for the period beginning _____, 20____, and ending _____, 20____. A complete copy of the signed lease is attached. Minimum lease term is thirty (30) days no more than three times a calendar year.

(Please check appropriate box.)

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____
Date of Birth: _____
2. Full name of Spouse (if any): _____
Date of Birth: _____
3. Home Address: _____
Email Address: _____
Telephone: Home: () _____
Business: () _____
Cell: () _____
4. Social Security number of Applicant: _____
Social Security number of Spouse: _____
5. Nature of Business
or Profession. _____
If retired, former
business or profession. _____

6. Company or Firm name _____
7. Business address _____
8. The condominium documents of the Olde Naples Seaport, a Condominium, restrict units to use as single family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.
- _____
9. Name of current or most recent landlord: _____
Address: _____
City/State _____ Zip _____ Phone () _____
10. Two personal references (local if possible)
Name: _____
Address: _____
City/State _____ Zip _____ Phone () _____

Name: _____
Address: _____
City/State _____ Zip _____ Phone () _____
11. Two credit references (local if possible)
Name: _____
Address: _____
City/State _____ Zip _____ Phone () _____
Account Number: _____

Name: _____
Address: _____
City/State _____ Zip _____ Phone () _____
Account Number: _____
12. Person to be notified in case of emergency:
Name: _____
Address: _____
City/State _____ Zip _____ Phone () _____
13. Motor vehicle to be kept at the Condominium:
Model/Make: _____ Year: _____
License Number: _____
State: _____
14. Mailing address for notices connected with this application:
Name: _____
Address: _____
City/State _____ Zip _____

15. *If this transaction is a sale, please circle the number that applies:*

I am purchasing this unit with the intention to:

- (1) reside here on a full-time basis;
- (2) reside here part-time
- (3) lease the unit.

I (We) will provide the Association with a copy of our recorded deed within ten days after closing.

16. I am aware of, and agree to abide by the Declaration of Condominium of the Olde Naples Seaport, a Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules. NOTE: Pets are prohibited in leased units.

If this transaction is a sale, the prospective purchaser will be advised by the Association office within a 30 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved.

If this transaction is a lease, the prospective lessee (tenant) will be advised by the Association office within a 20 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved. If this transaction is a lease, this application must be signed by the lessee applicant and by the realtor or other person who acted as rental agent for the unit owner. I lessee (tenant) understand and agree that the Association, if it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of Olde Naples Seaport, a Condominium, the Association's Bylaws, and the rules and regulations of the Association. I lessee (tenant) also understand and agree that if the lease to the unit is approved and any special assessment or installment of a regular assessment for a unit remains unpaid for at least thirty (30) days after the due date and a Claim of Lien has been recorded against the unit, then upon written notice mailed to both the owner and the lessee of such delinquency, both the owner and I lessee (tenant) agree that all future lease payments due under the lease shall be paid by the lessee (tenant) directly to the Association until such time as the Association notifies both the owner and lessee (tenant) that all sums due the Association have been paid in full. Such lease payments shall be funds of the Association to be utilized for any Association purpose at the discretion of the Board and shall only be remitted to the owner if full payment of all amounts due the Association have been paid by the owner and a Satisfaction of Claim of Lien has been recorded.

DATED _____

Applicant (Prospective Purchaser or Tenant)

A check for \$100.00, payable to the Olde Naples Seaport Condominium Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application.

As the rental agent for the unit owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

Realty Company (if applicable)

Signature of rental agent

Phone number of rental agent

Print name of rental agent

APPLICATION APPROVED _____ DISAPPROVED _____

DATE: _____

BY: _____

Officer or Director or Authorized Representative