

APPLICATION FOR APPROVAL- PURCHASE OF CONDOMINIUM UNIT

I hereby apply for approval to purchase unit _____ in SEAPOINT, a Condominium.
A copy of the signed purchase agreement is attached. Please allow fourteen (14) days for processing.

Estimated Closing Date: _____

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 in the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant(s): _____
2. Social Security Number: _____ - _____ - _____
Full name of Spouse: _____
Social Security Number: _____ - _____ - _____
3. **Contact Information:**
Home Address: Street: _____

City: _____ State: _____ Zip: _____
Home: (____) ____ - _____

Cell: (____) ____ - _____

Business: (____) ____ - _____

Email: _____
4. **Professional Information:**
Nature of Business or Profession: _____

If retired, former business or profession: _____
Company or Firm Name Address: _____

Street: _____

City: _____ State: _____ Zip: _____
5. **Other Occupants:**
The Seapoint condominium documents 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.

NAME	ADDRESS	AGE	RELATIONSHIP

Charles Schumacher, CAM, CMCA, AMS
General Manager
Office: 239-262-1420
Email: Seapointnaplescay@msn.com

6. **Property Title:**

State exact name(s) in which title will be held:

7. **Unit Voting Representative:**

Each Unit receives one vote per unit, the Association Documents require the member of the unit who may cast a vote must be identified. If more than one person may cast a vote, please identify the person or persons who may do so:

8. **Pets:**

State type and size of pets, if any: _____

Association Documents: 12.6 *Pets. The Owner of each Unit may keep up to 2 normal domesticated household pets (such as a cat or dog), each weighing under 30 pounds, or One dog under 50 pounds.*

Please submit most recent veterinarian paperwork indicating Pets medical records, i.e. shots, breed, age and weight.

9. **Mailing address for all correspondence and/or invoicing related to this unit:**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

10. **Emergency Contact Information:**

Person (other than unit owner) to be notified in case of emergency:

Name: _____

Relation: _____

Address: Street: _____

City: _____ State: _____ Zip: _____ Phone (____) _____ - _____

Email: _____

11. I/We are purchasing this unit with the intention to:

(1) reside here on a full-time basis: _____

(2) reside here on a part time basis: _____

(3) lease the unit: _____

(4) Undecided at this time: _____

12. **Personal References:**

Two personal letters of reference (copies must be attached). A party to the transaction may not be used as a reference:

Name:

Address: Street _____

City: _____ State: _____ Zip: _____ Phone () _____ - _____

Name:

Address: Street _____

City: _____ State: _____ Zip: _____ Phone () _____ - _____

13. **Acknowledgement:**

I/ we acknowledge receipt and copy of all required information and agree to abide by the Seapoint at Naples Cay Declaration of Condominium, the Articles of Incorporation, Bylaws of the Association, most recent year end financials and Rules and Regulations.

Applicant Name: _____ & _____

Applicant Signature: _____ & _____

Date: _____

Application Processing Requirements:

Copy of Driver's License &/Or Passport for each applicant is required to perform a background check.

The cost of the background check is \$50.00 per applicant.

Application processing fee is \$100.00

The \$50.00 per applicant background check fee may be included with the \$100.00 application processing fee.

Check is to be made payable to:

Seapoint at Naples Cay Condominium Association and must accompany this application.

Please submit completed application and copy of sales agreement to Seapoint management office.

Address:

Seapoint at Naples Cay, Attn: Office

10 Seagate Dr. Naples FL 34103.

Email:

Manager@Seapointnc.com

Should you have any questions please contact the management office at 239.262.1420

Charles Schumacher, CAM, CMCA, AMS
General Manager
Office: 239-262-1420
Email: Seapointnaplescay@msn.com

Management Use Only:

Date Application & Sales Agreement Received: _____

Date Background Check Submitted for Processing: _____ Returned: _____

Date References Contacted: Ref. (1) _____ Ref. (2) _____

Date Recommendation Submitted to Board of Directors: _____

APPLICATION APPROVED _____ APPLICATION DISAPPROVED _____

DATE: _____

BY: _____

Board Designee /Management

Date: Relator or Applicant(s) Notified of Approval or Disapproval: _____

Date: Letter of Approval submitted to Closing Attorney/Title Company: _____

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