

Waldorf Condominium Association, Inc.
3377 Gulf Shore Blvd N
Naples, Florida 34103
PHONE 239-649-4163
FAX 239-649-7730

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

- 1. Applications must be completed legibly - printed or typed.**
- 2. All lines on the application must be completed. Missing information will cause delays in processing applications.**
- 3. False information will result in automatic disapproval.**
- 4. Copies of driver's licenses for all applicants are required.**
- 5. Copies of passports for all applicants are required if applicant(s) does (do) not have a driver's license.**
- 6. Two written personal references are required to be submitted with the application. References will be verified.**
- 7. Applications submitted less than twenty days prior to tenants/guests moving in may cause delays and approval.**

TO: The Board of Directors of Waldorf Condominium Association, Inc
(Please check appropriate box.)

☐ I (we) hereby apply for approval to PURCHASE unit _____ in Waldorf Condominium Association, Inc and for membership in the Condominium Association. **A complete copy of the signed purchase agreement must be included. Incomplete applications will not be processed.**

☐ I (we) hereby apply for approval to LEASE unit _____ in Waldorf Condominium Association, Inc for the period beginning _____, 20____ and ending _____, 20____. **A complete copy of the signed lease must be included. Incomplete applications will not be processed.** Minimum lease term is Sixty (60) days no more than once a calendar year. Tenants and guests of tenants may not keep pets of any kind in leased units.

In order to facilitate consideration of this application, I (we) 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 (we) consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

I have read and acknowledge/understand the above paragraphs 2 and 3:

Owner's/Buyer's / Lessee's signature

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant: _____
2. Full name of spouse (if any): _____
3. Home Address: _____
Telephone: Home: (_____) _____
Business: (_____) _____
Cell: (_____) _____
Email: _____
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 Waldorf Condominium Association Inc. Restrict units to use as single-family residences only. Please state the name and relationship of all other persons other than the applicant(s) who will be occupying the unit on a regular basis:

Print Name

Age

Relationship

Signature

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signatures are required of all additional persons over the age of 18 who will be occupying the residence on a regular basis). By signing above as an adult occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background. (Please submit a signed and completed a background form for all persons over the age of 18 with this application).

9. Name of current or most recent landlord: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____
Email address: _____
10. Two personal references (local if possible):

Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____
Email address: _____

Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____

Email address: _____

11. Two credit references (local if possible):

Name: _____

Address: _____

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

Name: _____

Address: _____

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

12. Person to be notified in case of emergency:

Name: _____

Address: _____

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

Email address: _____

13. All motor vehicles to be kept at the Condominium:

- NO TRUCKS OR MOTORCYCLES ARE PERMITTED
- Electric Vehicle flat fee charge (all EV regardless of duration of lease) \$350

Vehicle #1

Model/Make: _____ Year: _____

License Number: _____ State: _____

Vehicle #2 (Second vehicle must park in overflow lots near building nine and recycling area.)

Model/Make: _____ Year: _____

License Number: _____ State: _____

(Please list identification info of any additional vehicles to be kept at the Condominium here)

14. Mailing address for notices connected with this application:

Name: _____

Address: _____

City/State: _____ Zip: _____

Email: _____

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 (we) am (are) aware of and agree to abide by the Declaration of Condominium of Waldorf Condominium Association, Inc., the Articles of Incorporation, and By-Laws of the Association, and any and all properly promulgated rules and regulations. I (we) acknowledge receipt of a copy of the Association rules.

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 10-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(s) and by the realtor or other person who acted as rental agent for the unit owner. I (we) lessee(s) (tenant) understand and agree that the Association, if it approved 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 Waldorf Condominium Association, Inc., the Association's Bylaws, and the rules and regulations of the Association.

I (we) acknowledge that I (we) have received, read, and am familiar with and agree to abide by the Association's published rules and regulations of Waldorf Condominium Association.

Applicant's (Prospective Purchaser or Tenant) signature

Date

Applicant's (Prospective Purchaser or Tenant) signature

Date

Unit Owner's signature

Date

For leases a non-refundable processing fees of **\$100.00 made payable to Waldorf Condominium Association, Inc.**

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

Realty Company (if applicable)

Signature of realty/rental agent

Phone number of realty/rental agent

Print name of realty/rental agent

Email address of realty/rental agent

Application Approved _____ Disapproved _____

Date: _____

By: _____
Officer or Director or Authorized Representative