



## **BEAUMER CONDOMINIUM ASSOCIATION, INC.**

### **SALES APPLICATION**

(Revised 6/2019)

#### **MAIL OR DROP OFF:**

**BeauMer Condominium Association  
c/o KPG Accounting Services, Inc.  
3400 Tamiami Trail N. Ste. 302  
Naples, FL 34103-3717**

**Tel: (239) 434-8866**

**Fax: (239) 791-1187**

**Please submit application at least 20 days prior to closing date.**

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND WILL BE  
RETURNED TO THE APPLICANT**

#### **ATTACH THE FOLLOWING**

- **3 Letters of Personal Reference**
- **Copy of Sales Contract**
- **Copy of Drivers License of Buyers**
- **\$225 Estoppel Fee \$275 Rush Estoppel Fee [www.HomeWisedocs.com](http://www.HomeWisedocs.com)**
- **\$100 Bank Questionnaire Fee – payable to KPG Accounting Services, Inc., if applicable**
- **\$50.00 Transfer Fee - payable to KPG Accounting Services, Inc. non-refundable**
- **\$50.00 Transfer Fee – payable to BeauMer Condominium Association**
- **\$50.00 Criminal Background Check per 18 and older resident. Payable to KPG Accounting**
- **\$50.00 Convenience fee if application not received 20 days prior to closing date.**

Name of Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Closing Date: \_\_\_\_\_ Title Company or Attorney: \_\_\_\_\_

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:**

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Spouse: \_\_\_\_\_
3. Home Address: \_\_\_\_\_
4. Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_
5. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
6. Employer: \_\_\_\_\_
7. Position Occupied: \_\_\_\_\_
8. The unit owner's documents of BeauMer Condominium Association provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Person to be notified in case of emergency: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
10. Make of automobile(s) / year / license number: \_\_\_\_\_  
**(NO Commercial Vehicles, Trucks, Panel Trucks, Vans, Campers, Motorcycles, Mopeds, Scooters, Boats, Trailers, Un-Registered Vehicles, Abandoned Vehicle and no Private Vehicle should display signs.)**
11. Mailing address for billings and notices connected with this application:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_
12. Agent / Company: \_\_\_\_\_ Phone: \_\_\_\_\_
13. I am purchasing this unit with the intention to: (Please check one)

- ( ) Reside here on a full-time basis      ( ) Reside here part-time  
 ( ) Lease the unit

14. I am aware of and agree to abide by the Community Association Documents and Rules & Regulations. I acknowledge receipt of a copy of the Association rules \_\_\_\_\_(**initial here**). (Property owner should provide buyer with the Community Association Documents or they may be obtained through Collier County. KPG Accounting Services, Inc. does not provide Association Documents.)
15. I understand and agree that the Association, in the event 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, in accordance with the Documents and the Rules and Regulations of the Association.

Applicant	Date
Applicant	Date

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**BOARD MEMBER USE ONLY**

<input type="checkbox"/> Applicant Approved	<input type="checkbox"/> Applicant Disapproved
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Association President / Board Member	Date
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