

PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC.

PURCHASE APPLICATION MUST BE SUBMITTED 20 DAYS PRIOR TO CLOSING

Return to: **Park Shore Landings Condo Assoc. Inc.**
C/o Sandcastle Community Management
9150 Galleria Court Suite 201
Naples, FL 34109 Office: 239-596-7200

I/we hereby apply for approval to purchase (address of property): _____

Name of Current Owner(s): _____

Title Company/ Closing Agent: _____ Phone: _____

Address: _____ Closing Date: _____

Please submit the following:

- a. A fully ***executed*** copy of the sales contract
- b. A non-refundable fee of \$100.00 payable to Park Shore Landings Condo Assoc. Inc.
(\$100.00 per applicant if not married.)
- c. A **completely** filled out application form. **(Partially completed form will not be considered)**
Separate applications must be completed for co-applicants (excludes married couples).
- d. Pet Registration form (if no pet check box and sign)
- e. 3 Personal Reference Letters (Realtors may not be used as references)

I/we represent that the following information is complete and true. I/we agree that any misrepresentation in this application will justify automatic rejection. I/we consent to additional inquiry concerning this application including criminal, background, credit check and a check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ DOB: _____ S/S _____

Full Name of Spouse: _____ DOB: _____ S/S _____

Current Home address:

Street number / name City State, Zip code Phone

Email address(s): _____

Please list the names, relationship and age of all persons who will occupy your unit in addition to the applicants above.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Make of Car: _____ Year: _____ License No. _____ State: _____

Second car: _____ Year: _____ License No. _____ State: _____

I am **purchasing** this unit with the intention to:

Reside in the unit full time Reside here on a part time basis leasing the unit

Have you ever been convicted of a felony? Yes _____ or No _____

If yes, please include details _____

_____ Initial _____ Initial I have received, read understand and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC.

_____ Initial _____ Initial I/we understand, in the event that the unit is leased/rented that I will be required to submit a completely filled out lease application, a nonrefundable fee for \$100.00 to PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC Twenty (20) days prior to the lease taking place.

_____ Initial _____ Initial I/ we 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, of provisions of the Documents and the Rules and Regulations of the Association.

I/we have read, understood and agree to all of the statements above.

Applicant signature: _____ **Printed Name:** _____ **Date:** _____

Applicant signature: _____ **Printed Name:** _____ **Date:** _____

Acceptance on behalf of PARK SHORE LANDINGS CONDOMINIUM ASSOCIATON, INC.

Approved: _____

Disapproved: _____

Signature of Authorized Representative for Board of Directors

Date: _____

PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, Inc.

Pet Registration Form

One dog or one cat no more than (20) twenty pounds or less or not more than 2 birds

_____ **I DO NOT HAVE A PET AT THIS TIME**

I understand that falsification of information or failure to register my pet will result in action regarding rules violations by the Board. I further understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property.

Owner: _____

Address: _____

Home # _____ Cell # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Name of Pet(s): _____

Attach a copy of immunization record & photo of your pet.

Signature of Owner

Date