

PORT AU VILLA

Purchase Application for Approval

MAIL COMPLETED APPLICATION TO:

Port Au Villa
c/o KPG Accounting Services, Inc.
3400 Tamiami Trail N. #302
Naples, FL 34103

AR-MANAGER@KPGACCOUNTING.NET

APPLICATION CHECK LIST

Check the box that pertains to your Application

Applicant has been provided the following Documents by Homeowner:

- Approval Application
- Fidelity Data Authorization and Release Form – (Criminal Background Check)
- Copy of Port Au Villa Documents, Bylaws and Rules & Regulations
- Executed Purchase Agreement

Applicant has submitted the following Documents to KPG Accounting Services, Inc.:

- Completed Approval Application
- Fully Executed Sales Contract
- \$100.00 **non-refundable** Application Fee payable to Port Au Villa
- \$75.00 **non-refundable** Criminal Background Check Fee, per 18 year and older applicant
Please make check payable to Port Au Villa.
- Completed Fidelity Data Authorization and Release Form.
- Driver's License for each adult applicant

APPLICATION SUBMISSION

The application is not processed until all required documents and fees are submitted. **The approval process requires up to thirty (30) days for completion from the date of complete submission of the application.** For applicants who are persons serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces shall be approved within seven (7) days from the date of complete submission of the application. All Service Members as defined above will be asked to provide a copy of their active Military ID for verification.

PORT AU VILLA

Application for Approval to Purchase

Current owner of record/Seller: _____ Unit no. _____

Unit Address: _____

Name of Agent (if any): _____ Phone Number: _____

Email Address: _____

SALE: I hereby apply for approval to purchase unit _____ at Port Au Villa, with an anticipated closing date of: _____.

I am purchasing this home with the intention of (please check one):

() Residing in the unit full-time () Residing in the unit part-time () Leasing the unit

**THIS FORM MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO CLOSING.
APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY.**

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

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

SECTION 1 – Occupant Information

Full name of applicant: _____

Current Address: _____

Email Address: _____ Contact Phone Number: _____

Is the applicant a United States Service Member: _____ Copy of ID Provided: _____

Nature of business or profession (if retired, former business or profession): _____

Name of Employer: _____ Phone: _____

Full name of co-applicant: _____

Current Address: _____

Email Address: _____ Contact Phone Number: _____

Is the applicant a United States Service Member: _____ Copy of ID Provided: _____

Nature of business or profession (if retired, former business or profession): _____

Name of Employer: _____ Phone: _____

Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name Relationship

Name Relationship

Name Relationship

SECTION II: Miscellaneous Information

VEHICLE: Only one (1) car is permitted. Parking is restricted to passenger cars, specifically excluding trailers, panel vans (or equivalent in size), trucks, campers, and other motorized vehicles.

1. _____
Make/Model Color Year

PET(S): No pets of any kind are permitted on the cooperative property. _____ (Initial)

PLEASE LIST TWO (2) FINANCIAL REFERENCES:

Name Phone Number

Street Address City/State Zip

Name Phone Number

Street Address City/State Zip

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

Name Phone Number

Street Address City/State Zip

SECTION III: Applicant Acknowledgement

I hereby agree for myself and on behalf of all persons who may occupy the residence which I seek to reside in. (Please initial by each item.)

A. _____ I/We will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, and Restrictions which are or may in the future be imposed by the Association.

- B. _____ I/ We understand that any violations of the terms, provisions, condition and covenants of Port Au Villa, provides cause for immediate action as therein provided or termination sale-hold under appropriate circumstances.
- C. _____ I/We understand that a verbal interview will be required prior to approval of purchase.
- D. _____ I/We understand that a full background check is required.

The information as described above must be submitted at least thirty (30) days prior to the intended starting sale date. Occupancy prior to Board of Directors is prohibited.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I/WE UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF COOPERATIVE, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A SALE UPON DEFAULT BY THE TENANT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE. I/WE UNDERSTAND THAT ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE ABOVE APPLICATION. FL Statute 718.116(11): If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the cooperative unit to the association, and the tenant must make such payment.

AUTHORIZATION: I/We hereby authorize Port Au Villa and KPG Accounting Services, Inc. to verify all information contained on the application and conduct a full background check, including but not limited to eviction and criminal history and authorize that they contact any persons or companies listed on this application.

Applicant's Signature _____
Date

Co-Applicant's Signature _____
Date

For Office Use Only

Application Approved

Application Disapproved

Officer or Director: _____
Signature _____
Date

If you have questions, please call KPG Accounting Services, Inc. at (239) 434-8866 or email ar-manager@kpgaccounting.net.