

**PORT OF THE ISLANDS RESORT HOTEL CONDOMINIUM ASSOCIATION, INC.**

**APPLICATION FOR APPROVAL TO PURCHASE A CONDOMINIUM UNIT**

DATE: \_\_\_\_\_

UNIT#: \_\_\_\_\_

CURRENT UNIT OWNER: \_\_\_\_\_

[ ] I/We hereby apply for approval to purchase the above unit and for membership in the condominium association. **A copy of the proposed sales contract is attached.**

**NOTE: NO PETS OF ANY KIND ARE PERMITTED IN LEASED UNITS.**

In order to facilitate consideration of this application, I/We represent that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I/We consent to your further inquiry concerning this application, particularly of the references given below.

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

1. Full name(s) of applicant(s): \_\_\_\_\_  
(Including Spouse if applicable)

2. Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

3. Nature of business or professional of all applicants listed above. If retired, list former business or profession:

\_\_\_\_\_

4. Company or firm name: \_\_\_\_\_ Position Occupied: \_\_\_\_\_

5. Business Address: \_\_\_\_\_

6. The condominium documents for the above referenced condominium provide an obligation of unit owners that all units be for single-family residence use only. Please state the name, relationship age and occupation of all other persons who will be occupying the unit:

**Name**

**Relationship**

**Age**

**Occupation**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Bank References: \_\_\_\_\_

8. In case of an emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_
9. Prior Address: \_\_\_\_\_ How Long: \_\_\_\_\_
10. Make of car/s: \_\_\_\_\_ Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State & License: \_\_\_\_\_
11. I/We am/are purchasing this unit with the intention to  RESIDE HERE FULL TIME,  RESIDE HERE PART TIME,  LEASE THE UNIT. (Please check the box that applies). I/We will provide the Association with a copy of our recorded deed within ten days after closing.
12. I/We am/are aware of, and agree to abide by the Declaration of Condominium, the Articles of Incorporation, Bylaws and all property promulgated Rules and Regulations in effect within the terms of my ownership. I/We acknowledge all of these documents are recorded in the public records of Collier County Courthouse.
13. I/We understand and agree that the Association or its agent, in the event it approves a lease, is authorized to act as the owners agent, with full power an authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions to the Declaration of Condominium and the Association's Bylaws, the Florida Condominium Act and the rules and regulations of the Association.
14. I/We have obtained a copy of the recorded condominium documents from the seller; if not, the documents are available online at [www.collierclerk.com](http://www.collierclerk.com).
15. I/We agree to pay a \$100.00 non-refundable fee in connection with the transfer or sale to cover administrative expenses in regards to the approval process. **Please attach \$100.00 application fee payable to: PORT OF THE ISLANDS.**

\_\_\_\_\_  
 Applicant Signature Date

\_\_\_\_\_  
 Applicant Signature Date

- Attach:** \_\_\_\_\_ Signed Application  
 \_\_\_\_\_ Application Fee  
 \_\_\_\_\_ Sales Contract

Please send above documents and fees to:

KPG Accounting Services  
 3400 Tamiami Trail N. #302  
 Naples, FL 34103  
 Tel: (239) 434-8866 Fax: (239) 791-1187

Application Approved

Application Disapproved

By: \_\_\_\_\_  
 Officer's Signature

\_\_\_\_\_  
 Date