

10 Year Anniversary 2002-2012



Accounting Services, Inc.

"The Premier Accounting Firm for Condos and HOAs in SW Florida"

**FOXMOOR CONDOMINIUM ASSOCIATION, INC.
APPLICATION TO PURCHASE
NO RENTALS ALLOWED**

(Revised 08/15/2019)

C/O KPG Accounting Services, Inc.
3400 Tamiami Trail North, Suite 302
Naples, FL 34103-3717
Telephone 239-434-8866 Fax: 239-791-1187

Submit by Mail or Deliver in Person

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

This application must be submitted 20 days prior to closing All Applications must include:

Application Fees are Non-Refundable

- A copy of the purchase agreement signed by all relevant parties
- \$50.00 Application fee payable Foxmoor COA
- \$50.00 Convenience fee if application is not received 20 days prior closing payable to KPG
- Copy of Driver's License
- \$50.00 Background check per person over the age of 18 payable to Foxmoor COA
- \$100.00 Background check per person (International Citizen) over the age of 18 payable to Foxmoor COA
- Estoppel: www.HomeWisedocs.com

APPLICATION QUESTIONNAIRE:

I (We) Hereby Apply for Approval to Purchase and for Membership in the Association.

Purchase Address: _____ **Unit** _____

Estimate Closing Date: _____

1. Current Unit owner's Name(s): _____
Telephone No. _____ Mobil No _____ Email _____

2. Full Name of Applicant: _____ Age: _____

Full Name of Co-Applicant: _____ Age: _____

Telephone (home): _____ Business No _____

Cell: _____ Email Address: _____

3. Applicant's Current Address: _____

City/State: _____ Zip _____

4. Other Family Members to Occupy the Unit:

Name:	Relationship to Applicant:	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Two Personal References (preferably local):

#1 Name: _____ StreetAddress _____

City/State: _____ Zip Code: _____

Telephone: _____

#2 Name: _____

Street Address: _____

City/State: _____ Zip _____

Telephone: _____

Identify Mortgagees, if any:

Street Address: _____ City/State: _____ Zip Code: _____

Intended Use of Unit (check one):

full time residence part time residence

6. Specify All Vehicles to be Stored on Premises. (No commercial or oversized vehicles allowed)

Make _____ Model _____ Registration No. _____ State _____

Make _____ Model _____ Registration No. _____ State _____

7. Specify the Type, Size, and Weight of pets to be kept in the Unit.

Type: _____ Size: _____ Weight: _____

Per the Rules and Regulations: 3. PETS.

A. Pets are limited to one (1). Dogs are limited to those that will not exceed 20 inches shoulder height at maturity and weight 22 pounds. Pit Bulls or any dog determined by the Board of Directors to be a risk or nuisance to residents are not allowed.

B. Dogs and Cats must be leashed at all times while outside the unit.

8. Mailing Address for notices regarding this application if different from the home address given

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

9. Realtor/Agent Name _____

Business Phone _____ Mobil _____ Email _____

APPLICANTS AFFIDAVIT:

“I(We) are familiar with and agree to abide by the Association’s Declaration of Covenants, the Bylaws, the published Rules and Regulations. I(We) understand and agree that the Association is authorized as the owner’s agent with full authority and power to take whatever actions may be necessary, including eviction, to prevent violation by lessees or guests of the provisions contained in the above documents. I (We) represent that the information stated is factual and correct and I(We) agree that any misrepresentation in this application will justify its disapproval. Additionally, I(We) do consent to any further inquiries concerning this application and the references given below, as well as an investigation into my background and that of the “other occupants” listed above. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association.”
(___) (___)Initial(s)

Applicant (sign): _____ **Date:** _____

Co-Applicant (sign): _____ **Date:** _____

THE FOLLOWING FIELDS ARE FOR OFFICE USE ONLY

For Unit purchasers only..... Interviewed by: _____

Interview date: _____

This application is.....

Accepted _____ **Date:** _____

...on behalf of Foxmoor Cond Assn, by; _____,

Title _____, **On Date** _____