

Le Ciel Venetian Tower, Inc.
3971 Gulf Shore Blvd N
Naples, Fl 34103
239-261-1157

Apt. _____

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DEVISE OR INHERITANCE APPROVAL

1. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach a non-refundable processing fee of **\$250.00** to this application, made payable to **Le Ciel Venetian Tower**, for each applicant other than husband/wife or parent/dependent child (which is considered one applicant.) – Acceptance of the processing fee does not in any way constitute approval of this transaction.
5. The completed application must be submitted to the Association office at least 30 days prior to the expected closing date.
6. All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board of Directors approval is prohibited.
7. No pets allowed in excess of 25 pounds at maturity. No more than 2 pets allowed.
8. Use of this apartment is for single family residence only. If the unit owner or purchaser is a corporation, partnership, trust or some other entity, the approval ownership by the corporation, partnership, trust or other entity may be conditioned by requiring that the persons occupying the apartment be approved by the Association.
9. No commercial vehicles, trucks, boats, trailers, motor homes, mobile home, campers, recreational vehicles, permitted to park on the premises overnight.
10. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations otherwise, you must purchase them from the Association for **\$25.00**.
11. Purchaser must notify the Association office with the exact date of their closing.
12. Moving of furniture in or out of an apartment is not permitted on Saturday, Sunday or Holidays. Hours for moving are from 8:00 a.m. to 4:00 p.m., Monday through Friday.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date _____ Apt. No. _____ Approx. Closing Date _____

Current Owner's Name _____ Telephone No. _____

Owner's Present Address _____

Name of Realtor Handling Sale _____ Telephone No. _____

Name of Prospective Purchasers (as Title will appear)

a. _____ b. _____

Mortgage Information (if apartment will be mortgaged)

Name of Lender _____ Telephone No. _____

Address _____

Other Persons who will occupy the apartment with you (if any)

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

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address and dates of residency: _____

If retired, please state of the company's name and address retired from and when retired: _____

Have you or any proposed occupant ever been convicted of or pled to a crime? _____ If yes, please state the date(s), charge(s), dispositions(s) and court location(s): _____

1. In making the foregoing application I represent to the Board of Directors that the purpose for the Purchase of an apartment at **Le Ciel Venetian Tower** is as follows:

Permanent Residence _____ Seasonal Residence _____ other(Explain) _____

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the **Le Ceil Venetian Tower**.

3. I have received a copy of all Associations Documents: Yes _____ No _____
I have received a copy of the Rules and Regulations: Yes _____ No _____

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.

5. If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recovered Deed within 30 days after closing.

6. I understand that there is a restriction on pets and that I may not have a pet that is in excess of 25 pounds at maturity and may not have more than 2 pets.

7. I understand that the acceptance for purchase of any apartment at **Le Ciel Venetian Tower** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of information of these forms will result in the automatic disqualification of my application. Occupancy prior to the Board of Directors approval is prohibited.

8. I understand that the Board of Directors of the **Le Ciel Venetian Tower** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and **Application Information** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **Le Ciel Venetian Tower** itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of the **LE CEIL VENTIAN TOWER WILL BE** final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT _____ APPLICANT _____

INSTRUCTIONS:

- 1 All applicants are processed as separate Investigations.
- 2. Print legibly or type all Information. Account and telephone numbers and complete addresses are required.
- 3 If any questions not answered or left blank, this application may be returned, not processed or not approved.
- 4. Missing Information will cause delays In processing your application.
- 5 Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6. Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use black ink)

Purchase _____ or Lease _____ (how long)

Apt No. _____ Bldg No. _____ Address of Unit _____

Date: _____ Desired date of Occupancy _____

Name (Mr./Mrs./Mis) _____ DOB _____ Soc. Sec. No. _____

Spouse (Mr./Mrs./Ms) _____ DOB _____ Soc. Sec. No. _____

() Single () Married () Widow(er) () Sep. () Divorced Maiden Name _____

Number of people who will occupy _____

In case of emergency notify _____
Name Telephone

RESIDENCE HISTORY

Print or Type

A. Present Address _____ Phone _____

Name of Apt./Condo _____ Phone _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone _____

Address _____ Mtg. No. _____

B. Previous Address _____

Name of Apt./Condo _____ Phone _____ Dates of Residency _____

Address _____ Mtg. No. _____

C. Prior Address _____

Name of Apt./Condo _____ Phone _____ Dates of Residency _____

Name of Landlord or Mortgage Co. _____ Phone _____

Address _____ Mtg. No. _____

EMPLOYMENT & BANK REFERENCES

Print or Type

Employed by (Business Name) _____ Phone _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____

Spouse's Employment (Business Name) _____ Phone _____
(or retired from)

How long _____ Dept. or Position _____ Mo. Income _____

Address _____

Bank Reference _____ Phone _____

How Long _____ Ck. Acct. No. _____ Savings Acct. No. _____

Address _____

Bank Reference _____ Phone _____

How Long _____ Ck. Acct. No. _____ Savings Acct. No. _____

Address _____

(Continued on next page)

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

- 1. Name _____ Address _____ Phone (Residential & Office) _____
- 2. Name _____ Address _____ Phone (Residential & Office) _____
- 3. Name _____ Address _____ Phone (Residential and Office) _____

Driver's Lic. No. #1 _____ #2. _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Renter Reference of Florida may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature: _____
Applicant

Signature _____
Applicant

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: Application Information

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____

LE CIEL VENETIAN TOWER ASSOCIATION, INC.
3971 Gulf Shore Blvd. North
Naples, FL 34103
Phone (239)261-1157
Fax (239)261-9341

APPLICATION FOR APPROVAL TO LEASE/PURCHASE

Owner: _____

Unit No.: _____

Term of Lease: From: _____

To: _____

Note: If a lease, the Lease Term is a Minimum of ninety (90) days. Please submit this form thirty (30) days prior to occupancy allowed for processing time. Approval must be received prior to occupancy.

The undersigned hereby makes application for residency at Le Ciel Venetian Tower, a Condominium, operated by Le Ciel Venetian Tower Association, Inc. The tenant(s) represent the following information is true and correct and consents to further investigation concerning this information that is necessary for approval of this request.

Applicant Name(s): _____

Social Security Number(s): _____

Date(s) of birth: _____

Home Address: _____

City _____, State _____ Zip _____ Phone No. _____

Cell Phone: _____ E-mail address: _____

Please indicate if applicant has been a previous tenant at Le Ciel Venetian Tower: Yes No

Family members and/or guests who will be occupying the Unit with applicant(s) and approximate dates:

Name _____ Dates From _____ To _____

Name _____ Dates From _____ To _____

Name _____ Dates From _____ To _____

Employer: _____

Phone: _____

Address: _____

Position _____

Personal References (Please fill out complete address, local if possible):

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone No. _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No. _____

In case of emergency, please contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No. _____

Auto(s)

1. Make _____ Color _____

Year _____ License Plate No. _____ State _____

2. Make _____ Color _____

Year _____ License Plate No. _____ State _____

I/We hereby acknowledge that I/We have received a copy (provided by the owner) of the governing documents of the Condominium Association, including the Declaration of Condominium and Rules and Regulations and that I/We have read and agree to abide by them and any new rules which may be adopted by the Association from time to time.

I have been made aware that Le Ciel Venetian Tower is in the process of changing their approval process which will include a complete background and credit check. I will be provided with the required forms, when applicable.

REMINDER: NO PETS ARE ALLOWED IN LEASED UNITS.

Owner and Tenant agree to be responsible for any damage to the common elements caused by Tenant(s) and any of Tenant's family members, guests and invitees.

Signature of Applicant(s)

Date _____

Signature of Lessor or Agent: _____

Date: _____

Name of Realtor and Real Estate Company: _____

Address: _____

Phone No. _____

Please return the fully completed Application, copy of Lease/Sales contract, and \$250.00 application fee made payable to Le Ciel Venetian Tower Association, Inc. Two letters of reference required if leasing a unit: _____

Le Ciel Venetian Tower Association, Inc.
3971 Gulf Shore Boulevard North
Naples, FL 34103

Any approval is void in the event of false statements in the above application.

Action of Board of Directors: _____

Approved _____ Disapproved _____

Date of Decision _____

By _____

Its _____