



Le Ciel Venetian Tower Assoc.

3971 Gulf Shore Blvd. N Naples FL 34103
239-261-1157

lcvtmanager@gmail.com

Welcome!

Whether a current homeowner or prospective buyer, we are thrilled that you have chosen to become a part of Le Ciel Venetian Tower Condo Association. We have assembled this information packet to consolidate the essential documents of our community and ensure a seamless transaction from purchase to close, move in and beyond for both Sellers and Buyers alike.

Le Ciel Venetian Tower is comprised of

- One residential tower, 21 stories tall with 86 Units.
- A property owner's association with 7 Board Members responsible for the ongoing maintenance and operation of the common property.
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As a future seller or future purchaser, you are required to submit various notices and applications to the entities listed above. Those documents, together with supplementary information, are included in this packet.

Before submitting your application, you should familiarize yourself with all governing documents for Le Ciel Venetian Tower. You can find the most up to date governing documents at: Lecielvenetiantower.org There is a PRIVATE section of the site that will be accessible after your closing. Contact the office to create a login. Access will be granted within 1-2 business days.

We eagerly anticipate the opportunity to be of service throughout your journey at Venetian Tower. Feel free to contact us anytime.

Warm Regards,

Building Manager

Email: Lcvtmanager@gmail.com

Website: <https://lecielvenetiantower.org/>



STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC.

BACKGROUND CHECK APPLICATION

APPLICANT INFORMATION					
NAME:			LIST ANY OTHER NAMES YOU HAVE USED:		
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:		
CURRENT ADDRESS				WORK PHONE:	
CITY:		STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:	
CURRENT RESIDENCE	G OWN	G RENT	MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:		EMAIL:		
CURRENT EMPLOYMENT INFORMATION					
CURRENT EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION: G HOURLY G SALARY		ANNUAL SALARY:	
PREVIOUS EMPLOYMENT INFORMATION					
PREVIOUS EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION:		ANNUAL SALARY:	
EMERGENCY CONTACT					
NAME:					
CURRENT ADDRESS					
CITY:			STATE:		ZIP:
RELATIONSHIP:		HOME PHONE:		CELL PHONE:	

REFERENCES

NAME	ADDRESS	PHONE

ACKNOWLEDGMENT & RELEASE

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER RELEVANT STATE AND FEDERAL LAW THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE, TRUE AND ACCURATE. I ACKNOWLEDGE THE FALSIFICATION OR ELIMINATION OF ANY INFORMATION MAY RESULT IN THE FILING OF CRIMINAL CHARGES. I HEREBY CONSENT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. TO COMPLETE AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS A CONSUMER CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, AND TO RELEASE THE INFORMATION TO THE SUBMITTING PARTY. I FURTHER AUTHORIZE ALL PERSONS AND ORGANIZATION THAT MAY HAVE INFORMATION RELEVANT TO THIS INVESTIGATION TO DISCLOSE SAID INFORMATION TO RELEASE IT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. I HEREBY RELEASE STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE IN CONNECTION WITH THIS INVESTIGATION, RESULTS AND DECISION. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE CONSIDERED VALID. I UNDERSTAND THAT I HAVE PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) AND HAVE A COPY OF THESE RIGHTS TITLED "FAIR CREDIT SUMMARY OF RIGHTS"

PRINT NAME:	SIGNATURE:	DATE:
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DISCLOSURE CONSENT APPLICATION**APPLICANT INFORMATION**

NAME:		LIST ANY OTHER NAMES YOU HAVE USED:	
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:
CURRENT ADDRESS			WORK PHONE:
CITY:	STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:
CURRENT RESIDENCE	G OWN G RENT	MONTHLY PAYMENT OR RENT:	DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:	EMAIL:	

I HEREBY GIVE CONSENT FOR AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT.

_____ SIGNATURE	_____ DATE
_____ WITNESS	_____ DATE

PLEASE USE THE BACK OF THE FORM OR ANOTHER PIECE OF PAPER FOR ANY ADDITIONAL INFORMATION

THIS WAIVER MUST BE RETURNED NO LESS THAN 30 DAYS PRIOR TO THE ANTICIPATED DATE OF CLOSING.

**Le Ciel Venetian Tower Condo Association
Application for Approval to Purchase**

Date Submitted: _____

I hereby apply for approval to purchase **Unit No.** _____, and for membership in the Association.

Instructions:

This application must be submitted to the Association's management office and must be supported with full documentation, **including a signed copy of the purchase agreement, and a nonrefundable application fee** in the amount of \$150.00, payable Le Ciel Venetian Tower. Approval or denial will be issued within 30 days after the receipt of the completed application, supported documentation, and application fee.

1. Applicant Information

2. Full Name of Applicant: _____

Birth Date: _____ *

Best Phone No: _____ Email: _____

Full Name of Co-Applicant: _____

Birth Date: _____ *Last four of SSN: _____

Best Phone No: _____ Email: _____

3. The **Warranty Deed** will Read as Follows:

4. Home Address

Street: _____ Unit #: _____

City: _____ State: _____ Zip: _____

5. Other Occupant Information

All units of the Association are designated as single-family residences only. Please state the name, relationship, and age of all other persons who may be occupying the unit regularly.

- Name: _____ Age: _____ Relationship: _____ ○
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- Name: _____ Age: _____ Relationship: _____ ○
- Name: _____ Age: _____ Relationship: _____

6. Please identify Mortgagee (if applicable):

- Name: _____ Best Phone No.: _____
Street Address: _____ Unit #: _____
City: _____ State: _____ Zip: _____

7. Please provide the contact information of the person to be notified in the case of an emergency:

- Name: _____ Best Phone No: _____
Email: _____

8. Please provide the following information for the vehicles* you intend to park on premises:

- Make: _____ Model: _____ Year: _____
Color: _____ Plate#: _____ State: _____
Make: _____ Model: _____ Year: _____
Color: _____ Plate#: _____ State: _____

9. Please provide your billing and notification Mailing Address, if different than home address listed above:

- Name: _____ Email: _____
Street Address: _____ Unit #: _____ City: _____
_____ State: _____ Zip: _____

10. Please provide the contact information for the Buyers Realtor below.

- Relators Name: _____ Firm Name: _____ Email _____
Address: _____ Best Phone No: _____

11. Please provide the contact information for the Title Co./Attorney below.

o Title Co./Attorney Name: _____ Firm Name: _____ Email _____

Address: _____ Best Phone No: _____

12. APPLICANTS' AFFIDAVIT:

I have read and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. I agree to be available for an interview with the designated representative(s) of the Association.

Signatures:

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

***** *Management Office Use Only* *****

Interviewed By: _____ Date: _____

This Application is: Approved Disapproved

By: _____

Title: _____ Date: _____

Application for Approval to Purchase - Management Checklist:

1. Application Received: _____
2. Purchase Agreement Received: _____
3. Application Fee Received: _____ Check #: _____
4. Estoppel Fee Received: _____ Check #: _____
5. Executed Application Approval page provided to buyer: _____

