

NAPLES TRACE CONDOMINIUM ASSOCIATION
www.naplestracecondos.org

APPLICATION FOR APPROVAL TO
PURCHASE OR LEASE A UNIT

TO: The Board of Directors of Naples Trace Condominium Association

(Please check appropriate box)

() I (we) hereby apply for approval to purchase unit _____ in Naples Trace, a Condominium, (the "Condominium") and for membership in the Association. A complete copy of the signed purchase agreement is attached.

() I (we) hereby apply for approval to lease unit _____ in the Condominium, and for the period beginning _____ and ending _____.

A complete copy of the signed lease agreement is attached.

In order to facilitate consideration of this application, I (we) represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. 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 and relationship of applicant(s) _____
_____.

2. Home address: _____
_____.

Telephone: (_____) _____ Home

(_____) _____ Cell/Mobile

(_____) _____ Business

E-mail: _____

3. Nature of applicant(s) business or profession. (If retired, former business or profession.)

4. Applicant(s) company or firm name(s) and addresses:

5. Please state the name, age and relationship of all others who will be occupying the unit on a regular basis.

6. Names of current or most recent landlord: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____

7. Two personal references (local, if possible):

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

8. Two credit references (local, if possible):

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Account #: _____

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

Account #: _____

9. Person to be notified in case of emergency: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____

10. Make of car(s) to be kept at the Condominium:

_____ Year: _____ License #: _____ State: _____

_____ Year: _____ License #: _____ State: _____

11. Mailing address for notices connected with this application:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

12. If this transaction is a sale: I (we) intend to: (Please check one.)

_____ Reside in the unit full-time

_____ Reside in the unit part-time

_____ Lease the unit.

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

_____13. I (we) am (are) aware and agree to abide by the Declaration of Condominium of the Condominium and the Articles of Incorporation, By-laws and all properly promulgated rules and regulations of the Association. I (we) acknowledge receipt of a copy of the Association's rules and regulations of the Association. I (we) also agree that I (we) will not I (we) conduct a business from these premises.

_____14. I (we) understand and agree that the Association, in the event it approves a lease authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations of the Declaration of Condominium of the Condominium and the Articles of Incorporation, By-laws and rules and regulations of the Association.

_____15. I (we) understand that a personal interview is requested. (Contact Putnam Property Management at 239-591-1057 to set up an appointment.) The prospective purchaser(s) or lessee(s) will be advised by the Association within a thirty (30) day period from the date that the Association is in receipt of all requested information, as to whether this application has been approved.

Dated:_____

Applicant (s):

A non-refundable check for \$100.00 payable to Naples Trace Condominium Assoc., Inc., must accompany this application, for the purpose of defraying costs of checking references, credit investigation, directory updating, and other expenses related to the processing of this application. Please return this application to: Putnam Property Management, 792 94th Avenue North, Naples, FL 34108. Telephone: 239-591-1057.

Firm handling closing: _____

Phone:_____

Expected closing Date: _____

Seller's name: _____

APPLICATION: APPROVED _____

DISAPPROVED _____

DATE: _____

BY: _____ (Officer or Director)