

**NAPLES TRACE  
CONDOMINIUM ASSOCIATION, INC.**

C/O CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMiami TRAIL N. SUITE # 402  
NAPLES, FL 34103  
PHONE 239-249-7000 FAX 239-262-5732

**APPLICATION FOR APPROVAL TO PURCHASE/LEASE**

**In order to process this application, the following items MUST be included:**

- 1. A non-refundable application fee \$100.00 payable to Naples Trace Condominium Association.**
- 2. A copy of the lease agreement if you are renting.**
- 3. A copy of the sales contract if you are purchasing.**
- 4. A copy of ID for each adult (clear copy of Driver's License)**
- 5. A non-refundable background check fee of \$50.00 (per adult) check payable to: Cambridge Property Management in the amount of \$50.00 per adult.**

**\*Owners: One (1) pet no more than 25 pounds\***

**\*NO PETS FOR RENTERS\***

**\*Only 4 Occupants Allowed at One Time\***

\*30 day minimum and no more than 4 times per year, annual rentals allowed\*

Unit street address \_\_\_\_\_ Unit # \_\_\_\_\_

Currently Owned by: \_\_\_\_\_ Closing date: \_\_\_\_\_

Term of Lease from: \_\_\_\_\_ To \_\_\_\_\_

( ) I/We apply for approval to purchase the Unit listed above. I/We are purchasing this home with the intention of: ☐ **Owner Occupied/Primary Residence** ☐ **2<sup>nd</sup>/Vacation home** ☐ **Investment Property**

( ) I/We apply for approval to lease the Unit listed above.

( ) I/We represent that the following information is complete and true, and agree that any misrepresentation in this application will justify automatic rejection. I(We) consent to additional inquiry concerning this application, and if requested will agree to an appearance before the Board of Directors for further questioning.

Applicant's Name \_\_\_\_\_ **SSN:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Co- Applicant's Name \_\_\_\_\_ **SSN:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen? \_\_\_\_\_ If "no" please submit a copy of residency authorization or passport photo.

Applicant's telephone# \_\_\_\_\_ cell: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Co-applicant License# \_\_\_\_\_

Email address \_\_\_\_\_

Current Occupation Applicant: \_\_\_\_\_ Phone# \_\_\_\_\_

Current Occupation Co-Applicant: \_\_\_\_\_ Phone# \_\_\_\_\_

**NO MOTORCYCLES OR COMMERCIAL VEHICLES:**

Make of car (s) \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Make of car (s) \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ License# \_\_\_\_\_ State \_\_\_\_\_

Have you ever filed for Bankruptcy \_\_\_\_\_ If so, in what year? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, for what? \_\_\_\_\_

Have you ever been convicted for being under the influence, or dealing in drugs? \_\_\_\_\_ If so, what year? \_\_\_\_\_

The Documents of Naples Trace Condominium Association, Inc. provide obligation of the unit owners that all units are for single family residence only. Please state the name, relationship, and age of all other persons who be occupying the unit regularly.

NAME	RELATIONSHIP	AGE	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Three Personal References (local if possible, relatives, realtors or anyone connected with this transaction not acceptable)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Person to be notified in emergency:**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

**ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS ON THE ABOVE APPLICATION.**

**I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS.**

**I am aware of, and agree to abide by the Declaration of Condominium, Naples Trace Condominium Association, Inc. A Condominium, the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the association rules.**

**Please Initial (s) \_\_\_\_\_ / \_\_\_\_\_**

I am aware that a criminal background check will be done on each adult occupant and I give my approval. There is a \$50.00 charge per adult for the background check. Make the check payable to Cambridge Property Management.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Owner/Firm/Agent to notify with Approval \_\_\_\_\_

◆◆◆Owner/Firm/Agent email: \_\_\_\_\_

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. THIS WILL DELAY APPROVAL OF YOUR APPLICATION\*\*\***

RETURN YOUR APPLICATION TO:  
CAMBRIDGE PROPERTY MANAGEMENT  
2335 TAMIAMI TRAIL N. SUITE # 402  
NAPLES, FL 34103

Application Approved \_\_\_\_\_ Application Disapproved \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
Board Member