

**Application for Approval to Purchase or Lease Condominium Unit  
 Camille Gardens No.3, Inc.  
 A 55 and Older Community  
 c/o Management Professionals, Inc.  
 P.O. Box 1058  
 Lehigh Acres, Florida 33970  
 Tel: 239-368-6741 or email: mgmtprofl@aol.com**

To: The Board of Directors of Camille Gardens No. 3, Inc.

[ ] I (We) hereby apply for approval to purchase unit \_\_\_\_\_ in Camille Gardens No. 3, Inc. and membership in the Association. **A copy of the proposed sales contract, back ground and credit check form (separate form for each person residing in unit), legible copy of identification (for each person residing in unit) and fee of \$100.00 are required.**

[ ] I (We) hereby apply for approval to lease unit \_\_\_\_\_ in Camille Gardens No. 3, Inc. for a period of \_\_\_\_\_, beginning \_\_\_\_\_ and ending \_\_\_\_\_. **A copy of lease, background and credit check form (separate form for each person residing in unit), legible copy of identification (for each person residing in unit) and fee of \$100.00 are required.**

Please Type or Print

1. Full Name of applicant(s): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 E-mail \_\_\_\_\_
2. Occupation (If retired, former occupation): \_\_\_\_\_  
 Position held: \_\_\_\_\_  
 Company or Firm name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_
3. Name of Real Estate Agent \_\_\_\_\_  
 Real Estate Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email: \_\_\_\_\_
4. Two personal references (Non-family member)  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Street \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
5. Please state name, relationship and age of persons who will be occupying the unit regularly.  

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

5. (continued)

6. In case of an emergency, please notify:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

7. Mailing address for notices connected with this application:

8. If this transaction is a sale, will there be a mortgage on the property? Yes \_\_\_ No \_\_\_  
If yes, please provide the following information.

Name of Lender: \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. If this transaction is a sale: I am purchasing this unit with the intention to: **1) reside here on a full-time basis; 2) reside here part-time; 3) lease this unit. (Please circle the number that applies)**

10. Condominium unit owners or occupants having pets must keep said pets on leash and said pets shall not be permitted to roam over condominium property unless accompanied by the owner or owner's representative, to the end that a unit owner's or occupant's pet shall not be permitted to disturb other unit owners or occupants or to create a condition of nuisance or discomfort to the unit owners.

11. **I am aware of and agree to abide by the rules and regulations of the condominium and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy. I acknowledge receipt of a copy of the Association rules.**

12. I understand and agree that the Association, in the event a unit is leased, is 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 by lessees and their guests.

13. In order for facilitate consideration of this application, I (we) affirm that the information is factual and true, that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.

\_\_\_\_\_  
Applicant Date Owner or Agent Date

\_\_\_\_\_  
Applicant Date Real Estate Agent Date

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

\_\_\_\_\_  
Director or Agent for the Association Date