# WEYBRIDGE CONDOMINIUM ASSOCIATION OF NAPLES, INC.

## APPLICATION FOR APPROVAL TO PURCHASE OR LEASE CONDOMINIUM UNIT

DATE: \_\_\_\_\_ UNIT # \_\_\_\_\_ CURRENT UNIT OWNER: \_\_\_\_\_

#### PLEASE CHECK APPROPRIATE BOX:

- () I (We) hereby apply for approval to purchase the above unit and for membership in the Condominium Association. A copy of the proposed <u>sales contract</u> is attached.
- () I (We) hereby apply for approval to lease the above unit for the period beginning \_\_\_\_\_\_, and ending \_\_\_\_\_\_, \_\_\_\_. A copy of the proposed <u>lease</u> is attached.

In order to facilitate consideration of this application, I (We) represent that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. 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(s) of Ap	pplicant(s):				
2. Full name(s) of Ap	pplicant's Spouse if not l	isted abov	ve:		
3. Home Address:					
_					
4. Home Phone:			]	Business:	
Cell:				Email:	
5. Nature of Business	s or Profession of all app	licants (If	retired,	former business or	profession):
Company or l	Firm Name:				
Position Occu	ıpied:				
Business Add	ress:				
apartments are for sin also in occupancy. H	ngle-family residence u	se only.	No one	may occupy a lea	de an obligation of unit owners that all ased unit unless the approved lessee is an and business telephone number of all
NAME	RELATIONSHIP	<u>AGE</u>	<u>SEX</u>	OCCUPATION	BUSINESS PHONE
7. Bank References:					
8. Name & Address of	of most recent Landlord	(if applica	ble):		
				Phone:	
9. Person to be notifie	ed in case of emergency:				
Address:					Phone:

10. Prior Home Address:	_ How long:	
11. Make of car(s):	_ Year:	State License #
Make of car(s):	Year:	State License #

- 12. 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 THE UNIT. (Please circle the number that applies.) I/we will provide the Association with a copy of our recorded deed within ten days after closing.
- 13. I am aware of and agree to abide by the Declaration of Condominium, the Articles of Incorporation, Bylaws and any and all properly promulgated Rules & Regulations in effect within the terms of my occupancy or ownership. I acknowledge all of these documents are recorded in the public records of Collier County Courthouse.
- 14. In accord with Florida statute, unit owners must purchase condominium insurance to cover the interior of their unit and those parts of the unit which are specified in the condominium documents as owner's responsibility (such as doors and windows). They must provide the Association with proof of such insurance at each annual renewal.
- 15. I understand, agree and authorize that the Association or its agents, in the event it approved a lease 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, of provisions to the Declaration of Condominium and the Association's Bylaws, the Florida Condominium Act and the Rules & Regulations of the Association.
- 16. I agree to pay a nonrefundable \$150.00 fee in connection with the transfer, sale, or lease, to cover expenditures and service of the Management in regards to the approval process. Please make check payable to: Weybridge Condominium Association.
- 17. I agree to pay a nonrefundable \$50.00 fee (*each*) to conduct a background check for each applicant & occupant 18 years of age and over. Please make check payable to: PMI Gulf Coast

### HAVE YOU ATTACHED:

\_\_\_\_Signed Application \_\_\_\_\_Application Fee - \$150.00

\_\_\_\_First Advantage Form- one for each applicant & occupant 18 years of age and over (*waived for returning seasonal tenancy*).

\_\_\_Background Check Fee - \$50.00 each applicant & occupant 18 years of age and over.

\_\_\_\_Additional Documents required for Foreign Applicants/Occupants – see Foreign Requirements Form

\_\_\_Copy of Sales Contract or Lease \_\_\_\_Signed Rules & Regulations

\_\_\_\_Greater Imperial Board Gate Form

### PLEASE RETURN ABOVE DOCUMENTS & FEES TO: PMI Gulf Coast

1004 Collier Center Way #105 Naples, FL 34110

APPLICANT	DATE	_ APPLICANT	DATE
APPLICATIO	ON APPROVED:	DISAPPROVED:	
DATE:	BY:		(Officer/Director)