

Punta Rassa Condominium Association

15008 Punta Rassa Road, Fort Myers, FL 33908

Phone: (239) 466-9148 – Fax: (239) 466-9148

Email: prca008@gmail.com

Application for Approval to Purchase or Lease a Condominium Unit

CONSENT TO BACKGROUND CHECK FORMS MUST ACCOMPANY THIS APPLICATION.

The cost of the Request to Purchase Application is a non-refundable fee of \$150.00. The cost of the Consent to Background Check is a non-refundable fee of \$150.00 (per person if not related) according to the names on the purchase agreement or lease application. Please make checks payable to: Punta Rassa Condominium Association.

APPLICATION ALONG WITH CONSENT TO BACKGROUND CHECK SHOULD BE SUBMITTED AT LEAST 30 DAYS PRIOR TO CLOSING OR RENTER MOVE-IN DATE.

I hereby apply for approval to:

() Purchase Unit No. _____ in Building No. _____

() Lease Unit No. _____ in Building No. _____ from _____ to _____

The approval of a partnership, trustee, corporation, or other entity as a unit owner shall be conditioned upon designation by the owner of one natural person to be the “primary occupant.”

APPLICANT #1

Name: _____

Resident Address: _____
City State Zip

Driver's License No: _____

Date of Birth: _____

Residence Phone: (____) ____-____ Cell Phone (____) ____-____

E-Mail Address: _____

Children's Names and Ages If Applicable: _____

Occupation: _____

Place of Employment: _____

Employer's Phone: (____) ____-____

Have you ever been convicted of a “felony” () Yes () No

If yes, please list charges _____

Have you ever filed for bankruptcy? () Yes () No

If yes, list when and where: _____

APPLICANT #2

Name: _____

Resident Address: _____
City State Zip

Driver's License No: _____

Date of Birth: _____

Residence Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

E-Mail Address: _____

Children's Names and Ages If Applicable _____

Occupation: _____ Place of Employment: _____

Employer's Phone: (____) ____ - _____

Have you even been convicted of a felony" () Yes () No

If yes, list charges _____

Have you ever filed for bankruptcy? Yes () No ()

If yes list when and where: _____

OCCUPANTS – No more than five (5) persons may permanently occupy a two (2) bedroom unit, "permanently occupy" means to sleep in the unit for more than thirty (30) nights during a calendar year.

Overnight guests: Under no circumstances may more than six (6) persons (including the unit owner or tenant, and their families) sleep overnight in a two (2) bedroom unit.

Name: _____ Relationship _____ Age _____

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Name: _____ Relationship _____ Age _____

PURPOSE OF PURCHASE – Check/Circle all that apply

Permanent Residence ___ Seasonal Residence ___ Rent Unit Seasonally/Annually ___

VEHICLE - List vehicle that will be parked on the Association Property.

Year _____ Make/Model/Color _____ Tag # _____

PET REGISTRATION

NO MORE THAN TWO PETS ARE ALLOWED PER UNIT. REFER TO THE COVENANTS AND RULES & REGULATIONS OF THE ASSOCIATION REGARDING PET RESTRICTIONS.

PLEASE FURNISH A PHOTO OF YOUR PET AND CURRENT IMMUNIZATIONS

Breed of Pet _____ Weight of Pet _____ Color of Pet _____

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() I (We) hereby certify that the above information provided is true and correct and is provided solely for the purpose of obtaining credit and/or personal reference and all information obtained will be held in strict confidence. I realize that any false information may result in denial of sale/lease by the Association or its Agent.

() I (We) hereby acknowledge that I (We) have received a copy of the **Declaration, Bylaws and Rules & Regulation** (which can be found on www.puntarassa.org) and I understand that violation of these documents can be cause for a fine or court action. (Please ask your agent for a copy of the Declaration, Bylaws and Rules & Regulations if you have not received a copy).

Printed Name: _____

Signature: _____ Date: _____

Printed Name: _____

Signature: _____ Date: _____

AGENT INFORMATION – Please fill out completely

Name of Agent: _____

Telephone of Agent _____ Agency Name: _____

Purchase Price of Unit: _____ Anticipated Closing Date: _____

CLOSING INFORMATION - Please fill out completely

Mail Consent to Transfer to (Title Co) _____

Address: _____
City State Zip

Contact Person _____ Phone: _____

Email Address: _____