



**APPLICATION FOR
BOARD APPROVAL TO PURCHASE**

CURRENT OWNER INFORMATION

DATE: _____ UNIT OWNER NAME/REPRESENTATIVE: _____

ADDRESS: _____ UNIT: _____

CONTACT PHONE NUMBER: _____ EMAIL: _____

CONTACT ADDRESS _____

(I)(We) hereby apply for approval to purchase the above unit and for membership in the Condominium Association.
A copy of the proposed sales contract is attached.

If this is going to be used as a rental unit, Rental Registration is required by Collier County Code enforcement. No application for approval will be accepted without confirmation of rental registration. The Unit Owner is responsible for Rental Registration with Collier County.

In order to facilitate consideration of this application, I (we) represent that any falsification or misrepresentation of the facts in the application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below.

FUTURE HOME OWNER PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full name(s) of Applicant(s): _____

2. Full name(s) of Applicant's (Spouse_ if not listed above:

3. Date(s) of Birth of Applicant(s): _____

4. Home Address: _____

5. Home Phone: _____ Contact Phone: _____

6. Name of Business of applicants listed above. (If retired, former business or profession)

7. Company or Firm Name: _____ Position Occupied: _____

8. Business Address: _____

9. The condominium documents for the above-referenced Condominium provide an obligation of unit owners that all units are for single family residence use only. Please state the name, relationship, age and occupation of all other persons that will be occupying that unit:

Name	Relationship	Age	Occupation

10. Three personal references (local if possible).

Name _____	Address _____
City/State _____	Zip _____ Phone# _____
Name _____	Address _____
City/State _____	Zip _____ Phone# _____
Name _____	Address _____
City/State _____	Zip _____ Phone# _____

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

12. Make of car(s) _____ Year _____ STATE/TAG# _____

car(s) _____ Year _____ STATE/TAG# _____

13. I am purchasing this unit with the intention to () RESIDE HERE ON A FULL TIME BASIS;
 () RESIDE HERE PART-TIME; () LEASE THE UNIT. **Please check the boxes which apply.**
 I/we will provide the Association with a copy of our deed within ten days after closing. (____) initials

14. I am aware of and agree to abide by the Declaration of condominium, the Articles in Incorporation, Bylaws and any and all property 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 the Collier County courthouse. I have been provided with either a cop for the Condominium Documents or with a link to the Collier Clerk of Courts website to download a set. (____) initials

15. I understand, agree and authorize that the association or its agents, in the events 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, or provisions to the declaration of Condominium and the Association Bylaws, the Florida Condominium Act and the Rules and Regulations of the Association. (____) initials

16. Please attach \$100 application fee payable to Positano Place at Naples (I, II, III or IV, as applicable) – Condominium Association, Inc. A \$100 Transfer Fee will be collected by KW Property Management, and will appear on the Estoppel at closing. (____) initials

17. I attest to the fact that I have never been found guilty of a felony and my name has never appeared on the Florida department of Law Enforcement on-line database sex offenders and sexual predators. (<http://offender.fdle.state.fl.us/offender/>). (____) initials
18. In accordance with section 38(e) of Rules and Regulations, and Unit Owner who is renting shall provide in the lease that the Lessee must carry general liability insurance coverage in excess of \$100,000.00 and also carry contents coverage (renters insurance) and provide such proof of insurance to the Unit Owner and the Association. (____) initials
19. I understand that I must obtain resident parking permits prior to entering the property from Property Management. Failure to display parking tags will result in vehicle(s) being immobilized or towed at the owner's expense. (____) initials
20. If the unit is used for leasing, I understand that the Association is permitted the authority and the standing to evict tenant who is in breach or violation of the lease agreement or the Declaration or the Rules and Regulations. (____) initials
21. Any falsification or misrepresentation of the truth of this application will constitute grounds for immediate termination of the contract. (____) initials

DATE: _____
APPLICATION SIGNATURE

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APPLICATION SIGNATURE

Please mail the completed form to:
Positano Place Management
12910 Positano Circle
Naples, FL 34105

If you have any questions or require additional information, please call the Positano Place Community Association Manager, Jack Hedenstrom at (239) 262-8382.