

# Pipers Pointe Condominium Association, Inc.

c/o Gulf Breeze Management Services of S W Florida, Inc.

8910 Terrene Court - Suite 200

Bonita Springs, FL 34135-9514

Tel: (239) 498-3311 FAX: (239) 498-4974



## APPLICATION FOR APPROVAL TO PURCHASE CONDOMINIUM UNIT

I hereby apply for approval to PURCHASE in Building # \_\_\_\_\_, Unit # \_\_\_\_\_, in Piper's Pointe, a condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references provided.

### TYPE OR PRINT IN A LEGIBLE MANNER ALL INFORMATION - USE N/A WHERE THE ITEM IS NOT APPLICABLE

1. Current Owner(s) (Full Names): \_\_\_\_\_

2. Current Owner Telephone Number(s): \_\_\_\_\_

3. Full Name of Buyer(s): \_\_\_\_\_

4. Buyer's Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ (MM/DD/YYYY) Social Insurance Number: \_\_\_\_\_

6. Occupation/Business/Profession \_\_\_\_\_

If Retired Former Occupation/Business/Profession: \_\_\_\_\_

7. Company/Firm Name: \_\_\_\_\_

8. Company/Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

9. Please state name, relationship and ages of all other persons who will be occupying the unit on any regular basis.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Person to be Notified in Case of Emergency:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

11. Personal Vehicle(s): Maximum of two (2) personal vehicles are permitted to each unit and shall have a Piper's Pointe Condo Association issued parking permit affixed to the rear of the vehicle(s).

Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State/Prov: \_\_\_\_\_

Make/Model \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State/Prov: \_\_\_\_\_

12. Name of Current or Most Recent Landlord (If owned state "owned"): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Ownership: How Long: \_\_\_\_\_ Rented: How Long: \_\_\_\_\_

13. Two (2) Character References: **NON –FAMILY MEMBERS REQUIRED** and local if possible

See Attached Character References forms to be completed and returned with this application.

14. Credit References: Two (2) Required - Local Preferred:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

15. Mailing Address for Notices Associated With This Application.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

16. Check all that apply:

I am purchasing this unit with the intention to:

- Reside here on a full-time basis
- Reside here part-time
- Lease the Unit out

For the purpose of this document, the Piper's Pointe Condominium Association, Inc. shall hereinafter be referred to as the "Association".

1. Piper's Pointe Condominium Documents specify that "each condominium unit shall be occupied by a single family, as a residence, and for NO OTHER PURPOSE WHATSOEVER," and "in no event shall occupancy exceed two (2) persons per bedroom and/or den." Subsequent changes to this occupancy information must be reported to the Association (e.g. children, parents or relatives moving in with you.)

**Acknowledged by initialing here:** \_\_\_\_\_

2. I understand and agree that the Association prohibits trucks, commercial vehicles and motorcycles. **Acknowledged by initialing here:** \_\_\_\_\_
  
3. I understand and agree that the Association, in the event it approves this application, is authorized to act as the owner's agent, with full power and authority to take whatever action it deems necessary, including eviction, to prevent violations by lessee(s) and their guests, of provisions of the Documents and the Rules and Regulations of the Association; the laws of the State of Florida and Collier County. **Acknowledged by initialing here:** \_\_\_\_\_
  
4. I further agree to comply with the directives set forth by the Board of Directors of the Association or their agent, as may be promulgated from time to time. **Acknowledged by initialing here:** \_\_\_\_\_
  
5. I am aware of, and agree to abide by the Declaration of Condominium of Piper's Pointe, a Condominium, the Articles of Incorporation, By-Laws and any and all Association Rules and Regulations. **I acknowledge receipt of a copy of the Association rules by initialing here:** \_\_\_\_\_.
  
6. I understand and agree that the Association, in the event it approves this application, 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 of the Declaration of Condominium of Piper's Pointe, the Association's By-Laws and Rules and Regulations of the Association. **Acknowledged by initialing here:** \_\_\_\_\_.
  
7. I the undersigned hereby states that all information provided for this application is factual and correct, and agree that any falsification or misrepresentation will justify its disapproval. The undersigned further agrees to abide by all Piper's Pointe Condominium Association rules and regulations and understands any violation of the stated rules and regulations may result in eviction.

This is executed as a sealed instrument, signed this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Applicant: \_\_\_\_\_ Witness: \_\_\_\_\_

Applicant: \_\_\_\_\_ Witness: \_\_\_\_\_

**MANDATORY**

By signing below the owner or the realtor acknowledges and confirms that the rules and regulations of the Association have been provided to the applicant.

\_\_\_\_\_  
OWNER/REALTOR

\_\_\_\_\_  
REAL ESTATE FIR

**APPLICATION PROTOCOL**

The prospective BUYER will be advised by the Association office within a thirty (30) day period from the date of receiving the application, of whether this application has been approved. An APPROVAL is VOID in the event of false statements in this application.

A non-refundable fee of \$100.00, payable to Gulf Breeze Management Services of SW Florida, Inc, must accompany this application, for the purposes of defraying costs associated with checking references, credit investigations, directory updating and other expenses related to the processing of this application.

RETURN THIS APPLICATION AND THE TWO (2) REFERENCE FORMS PROVIDED, THE \$100.00 APPLICATION FEE AND A COPY OF THE SIGNED PURCHASE AGREEMENT TO:

**Pipers Pointe Condominium Association, Inc.**

c/o Gulf Breeze Management Services of S W Florida, Inc.

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**FOR OFFICE USE ONLY**

Notes:

**ACTION TAKEN BY THE BOARD OF DIRECTORS**

Approved

Disapproved

Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ Office: \_\_\_\_\_

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