

Florencia at the Colony Condominium Association, Inc.

23850 Vía Italia Circle
Bonita Springs, FL 34134
239-949-3114 (ph.) 239-949-3117 (fax)

Application for Approval to Purchase a Condominium Unit

To: Board of Directors of Florencia at the Colony:

I hereby apply for approval to:

() purchase Unit No. _____ and for membership in the Association.

Instructions:

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the purchase agreement, and a non-refundable fee in the amount of \$175.00, payable by check to Florencia at the Colony Condominium Association, Inc. Two personal letters of reference must also accompany this application. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant _____

Full Name of Spouse _____

Home Address _____ City/State _____ Zip _____

Telephone (home) _____ Telephone (business) _____

Email address _____

Nature of business or profession (if retired, former occupation) _____

Currently serving as a member of the United States Armed Forces on active duty, State active duty, or a member of the Florida National Guard and United States Reserve Forces. Yes _____
No _____

All units of the Association are designated as single-family residences only. Please state name, relationship and age of all other persons who may be occupying the unit for more than 7 days during the time of the lease term or purchase. If additional space is required for additional names, please attach a separate sheet to this application.

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

Current or most recent landlord, if applicable:

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

Duration of rental _____

Automobiles to be parked on the premises: Please review the attached Parking Rules.

Make _____ Year _____ Plate # _____ State _____

Make _____ Year _____ Plate # _____ State _____

Mailing address for notices regarding this application if *different* from the home address given above:

Address _____

City/State _____ Zip _____ Telephone _____

Two personal letters of reference are to be attached to this application:

Name _____

Name _____

Realtor Information:

Name _____ Firm Name _____

Address _____ Phone # _____

Email _____

Please identify mortgages, if any:

Name of Institution _____

Address _____ City/State: _____ Zip _____

() reside here full time () reside here part time () lease unit to others

List pets if applicable - Two dogs/cats/birds (two being the maximum number of such animals in any combination). **No pets allowed in leased units.**

Type _____ Breed _____ Age _____ Weight _____ lbs.

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Title or Attorney Information (for purchases only):

Name _____ Firm Name _____

Address _____ Phone # _____

Applicant's Affidavit

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event of a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available upon requests for an interview with the designated representatives of the Association.

Signatures:

Applicant _____ Co-applicant _____

Date _____

This application is: **Approved** ☐ **Not Approved** ☐

Florencia at the Colony Condominium Association, Inc .

By _____ Title _____ Date _____