

TERRACES' APPLICATION FOR APPROVAL TO PURCHASE A CONDOMINIUM UNIT

TERRACES CONDOMINIUM ASSOCIATION, INC. OF NAPLES
4751 GULF SHORE BLVD NORTH
NAPLES, FLORIDA 34103
239.261.1869
239.261.8457 FACSIMILE
manager@terracescondo.com E-mail

To Terraces' Board of Directors:

We (I) hereby apply for approval to purchase unit ____ in the Terraces, a condominium, and for membership in the Terraces Condominium Association. A signed copy of the proposed purchase contract is attached.

A \$100.00 NON REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.

In order to facilitate consideration of this application, we (I) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its' automatic disapproval. We (I) consent to your further inquiry concerning this application, including the references named.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Applicant _____

Full name of Spouse _____

Home address _____

E-mail address _____

Home Phone _____ Mobil phone _____

Citizen of U.S.? Self ____ Spouse ____ Citizen of: _____

Nature of Business or Profession _____

If retired, former business or Profession _____

Employer _____

Position held _____

Business Address _____

The Terraces Condominium documents limit unit occupancy to single family residence only. Please state the name, relationship and age of all family members who will be occupying the unit other than periodic family guests.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Two personal references (known for at least 3 years) local if possible. Letter of reference from these individuals should be attached to the application.

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Have you ever been convicted of a crime involving violence to persons or property? If so, give full details _____

Pet: Only the owner is allowed one dog or cat which meets the age and size restrictions of the Condominium Documents. If a pet will occupy your unit, please state:

Type: dog _____ cat _____. Breed: _____.

Dog's weight _____, height at shoulder _____. Age _____.

Pet's veterinary (name, address and phone number):
_____.

Person to be notified in case of emergency:

Name and relationship _____

Address _____ Phone _____

Automobile information:

Make of car _____ Year _____ License _____ State _____

We (I) are aware of and agree to abide by the Declaration of Condominium of the Terraces, the Articles of Incorporation, By-laws and the Amended Rules and Regulations. We (I) acknowledge receipt of a copy of the Amended Rules & Regulations and Condominium Documents _____.

Non U.S. Citizens (Individual and Corporate: I hereby agree to submit to the in personam jurisdiction of the Circuit Court of Collier County, Florida. Relative to any suit instituted against me by the Terraces incidental to my ownership of Unit _____. I further agree that _____ of _____, Florida, a citizen of the United States and resident of Collier County is appointed my agent for service of process.

Signature (s) _____ Date: _____

On receipt of this application, the Board may make an appointment for a personal interview.

The prospective purchaser will be advised by the Association’s manager within a 15 day’s whether this application has been approved.

Signature _____ Signature _____

Applicant(printed name)

Applicant (printed name)

Date application received _____ By _____

Date application approved _____ By _____