

**SPANISH PINES II CONDOMINIUM ASSOCIATION, INC.**

c/o Southwest Property Management Corp.  
1044 Castello Drive, Suite 206  
Naples, FL 34103  
(239) 261-3440

**APPLICATION FOR APPROVAL OF  
PURCHASE OR LEASE OF CONDOMINIUM UNIT**

TO: The Board of Directors of Spanish Pines II Condominium Association, Inc.

- I hereby apply for approval to PURCHASE Unit # \_\_\_\_\_ in Spanish Pines, a Condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached. Owners may have no more than two (2) pets.
- I hereby apply for approval to LEASE Unit # \_\_\_\_\_ in Spanish Pines, a Condominium, for the period beginning \_\_\_\_\_, 20\_\_\_, and ending \_\_\_\_\_, 20\_\_\_. A complete copy of the signed lease is attached. Minimum lease term is thirty (30) days and no unit may be leased more than three (3) times per calendar year. Tenants and guests of tenants may not keep pets of any kind in leased units.

(Please check appropriate box.)

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

1. Full name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Full name of Spouse (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Telephone: Home: ( ) \_\_\_\_\_  
Business: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_
4. Social Security number of Applicant: \_\_\_\_\_  
Social Security number of Spouse: \_\_\_\_\_
5. Nature of Business  
or Profession. \_\_\_\_\_  
If retired, former business or profession. \_\_\_\_\_

6. Company or Firm name \_\_\_\_\_
7. Business address \_\_\_\_\_
8. The Condominium documents of Spanish Pines, a Condominium, restrict units to use as single family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

<u>Print Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Security #</u>	<u>Signature</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Signatures are required of all additional persons over the age of 18 who will be occupying the residence on a regular basis). By signing above as an adult occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.

9. Name of current or most recent landlord: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

10. Two personal references (local if possible)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

11. Two credit references (local if possible)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Account Number: \_\_\_\_\_

12. Person to be notified in case of emergency:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

13. All motor vehicles to be kept at the Condominium:

Vehicle #1

Model/Make: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2

Model/Make: \_\_\_\_\_ Year: \_\_\_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_

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(Please list identification info of any additional vehicles to be kept at the Condominium here)

14. Mailing address for notices connected with this application:

Name: \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_

15. *If this transaction is a sale, please circle the number that applies:*

I am purchasing this unit with the intention to:

(1) reside here on a full-time basis;

(2) reside here part-time

(3) lease the unit.

I (We) will provide the Association with a copy of our recorded Deed within ten days after closing.

16. I am aware of, and agree to abide by the Declaration of Condominium for Spanish Pines, a Condominium and the Bylaws and Articles of Incorporation of Spanish Pines II Condominium Association, Inc., and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules. Guest occupancy is restricted in the absence of the owner or tenant. Owners, tenants and guests are prohibited from having pets.

*If this transaction is a Sale*, the prospective purchaser will be advised by the Association office within a 20 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved.

*If this transaction is a Lease*, the prospective lessee (tenant) will be advised by the Association office within a 20 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved. If this transaction is a Lease, this application must be signed by the lessee applicant and by the realtor or other person who acted as rental agent for the unit owner. I lessee (tenant) understand and agree that the Association, if it approves 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, of provisions of the Association's Declaration, Bylaws, and the rules and regulations of the Association. I lessee (tenant) also understand and agree that if the lease to the unit is approved and any special assessment or installment of a regular assessment or any other monetary obligation due to the Association for a unit remains unpaid for at least thirty (30) days after the due date and a Claim of Lien has been recorded against the unit, then upon written notice mailed to both the owner and the lessee of such delinquency, both the owner and I lessee (tenant) agree that all future lease payments due under the lease shall be paid by the lessee (tenant) directly to the Association until

such time as the Association notifies both the owner and lessee (tenant) that all sums due the Association have been paid in full. Such lease payments shall be funds of the Association to be utilized for any Association purpose at the discretion of the Board and shall only be remitted to the owner if full payment of all amounts due the Association have been paid by the owner and a Satisfaction of Claim of Lien has been recorded.

17. PRIMARY OCCUPANT - Primary occupant means the natural person approved for occupancy when title to a unit is held in the name of two or more persons who are not husband and wife, or by a Trustee or a Corporation or other entity which is not a natural person. Please list the primary occupant of this unit:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Signature \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Signature is required of the designated Primary Occupant. By signing above as the primary occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background).

DATED \_\_\_\_\_  
\_\_\_\_\_ Applicant (Prospective Purchaser or Tenant)

DATED \_\_\_\_\_  
\_\_\_\_\_ Co-Applicant (Prospective Co-Purchaser or Co-Tenant)

A check for \$100, payable to Spanish Pines II Condominium Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application. In addition copies of Driver's Licenses of all who will be residing in the unit must be provided.

As the rental agent for the unit owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

\_\_\_\_\_  
Realty Company (if applicable) Signature of rental agent

\_\_\_\_\_  
Phone number of rental agent Print name of rental agent

APPLICATION APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE: \_\_\_\_\_  
BY: \_\_\_\_\_  
Officer or Director or Authorized Representative