

AVALON AT GRANDEZZA CONDOMINIUM ASSOCIATION INC.

C/o Sterling Property Services
27180 Bay Landing Drive Ste. 4
Bonita Springs, FL 34135
239-947-4552
239-495-1518

TO: The Board of Directors of Avalon at Grandezza, a Condominium.

(Please check appropriate box below) OWNER NAME: _____

() I hereby apply for approval to **purchase** unit _____ at _____ in Avalon at Grandezza, a Condominium, and for membership in the Condominium Association. **A complete copy of the signed purchase agreement is attached.**

() I hereby apply for approval to **lease** unit _____ in _____ in Avalon at Grandezza, a Condominium, for the period beginning _____ 200____, and ending _____, 200____. **A complete copy of the signed lease is attached.**

NOTE: A Non-refundable application fee of \$100.00 must be included with completed application, for either purchase or a lease. Make check payable & mail to: Avalon at Grandezza Condominium Association c/o Sterling Property Services, 27180 Bay Landing Dr Ste. 4, Bonita Springs, FL 34135.

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 given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full name of Applicant(s) _____ SS# _____ DOB _____

2. Full name of Spouse (if any) _____ SS# _____ DOB _____

Home address _____

Phone Home _____ Office _____

4. Nature of Business or Profession _____

If retired, former business or profession _____

5. Company or Firm Name _____

6. Business Address _____ Phone: _____

7. The condominium documents of Avalon at Grandezza provide for the obligation of unit owners that all units are to be used as single family residences only. Answer the following 2 questions: 1) Please state the name and relationship of all other persons who will be occupying the unit on a regular basis; 2) Please indicate if this condo is the primary residence for those occupying the unit.

8. Name of current or most recent landlord _____

Address _____

City/State/Zip _____ Phone _____

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? ____ YES ____ NO

9. Two personal references (local if possible)

Name _____

Address _____

City/State/Zip _____ Phone _____

Name _____

Address _____

City/State/Zip _____ Phone _____

10. Person to be notified in case of emergency:

Name _____

Address _____

City/State/Zip _____ Phone _____

11. Make of car to be kept at the Condominium:

Model/Make _____ Year _____

License No. _____ State _____

12. Mailing address for notices connected with this application:

Name _____

Address _____

City/State/Zip _____ Phone _____

13. (If this transaction is a **sale**, please circle the number that applies), I am purchasing this unit with the intention to:

(1) reside here part-time (2) reside here on a full-time basis (3) lease the unit

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

14. I am aware of, and agree to abide by the Declaration of Condominium for **Avalon at Grandezza**, a condominium, the Articles of Incorporation, By-laws and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

15. I understand and agree that the Association, in the event it approves the **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 Declaration of Condominium of Avalon at Grandezza Association's by-laws, and the rules and regulations of the Association.

AUTHORIZATION: I/We hereby authorize Sterling Property Services, LLC and/or Avalon at Grandezza Condominium Association to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction, and criminal and authorize that they contact any persons or companies listed on the application.

DATED: _____

Applicant

Applicant

APPLICATION APPROVED

DISAPPROVED

DATE: _____

BY: _____

Officer or Director