

## APPLICATION FOR SALE OR LEASE

TO: The Board of Directors of **Golf Towers at the Crossings**, a Condominium.

(Please check appropriate box below) OWNER NAME: \_\_\_\_\_

( ) I hereby apply for approval to **purchase** unit \_\_\_\_\_ at \_\_\_\_\_ in Golf Towers, 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 Golf Towers, for the period beginning \_\_\_\_\_ 200\_\_\_\_, and ending \_\_\_\_\_, 200\_\_\_\_. **A complete copy of the signed lease is attached.**

**NOTE:** A Non-refundable application fee of **\$50.00** must be included with completed application, for either purchase or/a lease. Make check payable & mail to: Golf Towers at the Crossings Condominium Association c/o Vesta Property Services, 27180 Bay Landing Drive 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) \_\_\_\_\_ S.S. # \_\_\_\_\_

Date of birth \_\_\_\_\_

2. Full name of Spouse (if any) \_\_\_\_\_ S.S. # \_\_\_\_\_

Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

Telephone: 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 Golf Towers provide for the obligation of unit owners that all units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

\_\_\_\_\_

8. Name of current or most recent landlord \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

9. Two personal references (local if possible)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

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

10. Two credit references (local if possible)

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

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

11. Person to be notified in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_

12. Make of car to be kept at the Condominium during lease term:

Model/Make \_\_\_\_\_ Year \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_

13. Mailing address for notices connected with this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_

14. (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.

15. I am aware of, and agree to abide by the Declaration of Condominium for Golf Towers at the Crossings, 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.

16. 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 Golf Towers Association's by-laws, and the rules and regulations of the Association.

**AUTHORIZATION: I/We hereby authorize Vesta Property Services, LLC and/or Golf Towers 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