



cambridge
Property Management of Southwest Florida

BAYVIEW CONDOMINIUM ASSOCIATION, INC.

IF YOUR APPLICATION DOES NOT HAVE THE FOLLOWING DOCUMENTS ATTACHED IT **WILL** BE RETURNED AND THIS **WILL** DELAY YOUR APPROVAL.

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A LEASE OR SALES CONTRACT

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THE \$50.00 APPLICATION FEE MADE OUT TO
BAYVIEW CONDOMINIUM ASSOCIATION, INC.

**THE APPLICATION MUST BE COMPLETED IN
ITS ENTIRETY AND SIGNED BY APPLICANT(S)**

Bayview Condominium Association Inc.
Application for Approval to Purchase
or Lease A Condominium Unit

Current owner of record: _____ Unit No. _____

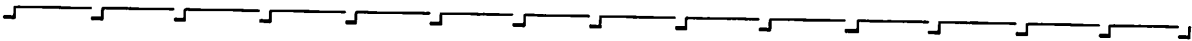
Owner Address _____

PURCHASE - *(A complete signed copy of the purchase agreement must be attached to this application)*

I hereby apply for approval to purchase unit _____ at Bayview Condominium Association Inc, a Condominium, and for membership in the Condominium Association. My intention in purchasing this unit is to reside here on a full time basis, reside here part-time, Lease the unit

LEASE - *(A complete signed copy of the lease agreement must be attached to this application)*

I hereby apply for approval to lease unit _____ at Bayview Condominium Association Inc., for the period beginning _____ and ending _____. This unit must not be leased for less than thirty (30) days.



THIS FORM MUST BE SUBMITTED THIRTY (30) PRIOR TO CLOSING. APPROVAL MUST BE RECEIVED PRIOR TO CLOSING.

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:

Full name of applicant: _____

Current Address: _____

Social Security # _____ Driver's License # _____

Email Address: _____

Full name of spouse (if any) _____

Social Security # _____ Driver's License # _____

Cell Phone: _____ Emergency Contact Phone: _____

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

Name of Employer: _____ Phone: _____

Employer address: _____

The condominium documents of Bayview Condominium Association Inc. 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:

Name

Relationship

Name

Relationship

TWO PERSONAL REFERENCES: (Local, if possible)

1. _____
Name Phone

Address: _____
Street City State Zip

2. _____
Name Phone

Address: _____
Street City State Zip

VEHICLE (S)

1. _____
Model/Make Color Year

2. _____
Model/Make Color Year

EMERGENCY CONTACT INFORMATION:

Name Phone Number

Street Address City/State Zip

1. I am aware of, and agree to abide by the Declaration of Condominium for Bayview Condominium Association Inc., 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.
2. 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 Bayview Condominium Association, Inc.'s by-laws and the Rules and Regulations.
3. I will provide the Association with a copy of our recorded deed within ten (10) days after closing.

AUTHORIZATION: I/We hereby authorize Bayview Condominium Association Inc. 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 this application.

Applicant's Signature Date

Applicant's Signature Date

- Please complete and return this application, along with a \$50 non-refundable application fee. Make check payable to: Bayview Condominium Association Inc.
- Please submit a copy of the sales contract / lease agreement

And return to:

Bayview Condominium Association, Inc.
 c/o Cambridge Management of Southwest Florida
 2335 Tamiami Trail N, Ste. 402
 Naples, FL 34103
 Phone: 239-249-7000

For Office Use Only

() Application Approved

() Application Disapproved

Officer or Director _____

Signature

Date

Revised 9/2010