

TURQUOISE AT SAPPHIRE LAKES

Condominium Association, Inc.

C/O Resort Management 2685 Horseshoe Dr. S. #215, Naples, FL 34104

Phone: (239) 649-5526 Fax: (239) 403-1061

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE CONDOMINIUM UNIT

Please check appropriate box and complete the following information.

- () I hereby apply for approval to **PURCHASE** (Street Address) _____ Unit # _____, in Turquoise at Sapphire Lakes, a Condominium, and for membership in the Association. **A complete copy of the signed Purchase Agreement, a \$75.00 Certificate of Approval of Sale fee (payable to Resort Management) and the transfer fees of \$50.00 payable to Resort Management and \$50.00 payable to Turquoise at Sapphire Lakes are attached.**
- () I hereby apply for approval to **LEASE** (Street Address) _____ Unit # _____, in Turquoise at Sapphire Lakes, a Condominium, for the period beginning _____ 20____ and ending _____ 20____. This unit must not be leased for less than one (1) month or more than three (3) times per year. No lease may exceed six (6) months. **Application must be submitted, along with Processing Fees payable in 2 checks: \$50.00 to Resort Management, and \$50.00 to Turquoise of Sapphire Lakes. A copy of the signed lease must be attached.**

Note: TURQUOISE AT SAPPHIRE LAKES REQUIRES AT LEAST 30 DAYS FOR APPROVAL OF SALE AND LEASE APPLICATIONS.

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.

Owner Name (s): _____

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full Name of Applicant: _____
2. Full Name of Spouse: _____
3. Home Address: _____
City: _____ State: _____ Zip: _____
4. Home Phone #: (____) _____
5. Business/Cell Phone #: (____) _____
6. Nature of Business / Profession: _____
If Retired, Former Business/ Profession: _____
7. Company or Firm Name: _____
Business Address: _____ City: _____ State: _____ Zip: _____
8. The Documents for the above unit restrict use to **SINGLE FAMILY RESIDENCES**. Please state names and ages for all those who will be occupying the unit.
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

9. Name of current or most recent landlord: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ - _____ Ownership: How Long _____ Rented: How Long _____

PLEASE INCLUDE TWO (2) WRITTEN REFERENCE LETTERS WITH THIS APPLICATION. THIS WILL REDUCE PROCESSING TIME.

10. Two Personal references **NOT RELATED TO APPLICANT** (local if possible)
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

11. Two (2) Credit References (local if possible)
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____
Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____

11. Person to be notified in case of Emergency:
Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

12. Vehicles to be kept at the Condominium: (max of 2 per unit)
Make _____ Model: _____ Year: _____
License Plate # _____ State: _____
Make _____ Model: _____ Year: _____
License Plate # _____ State: _____

NO COMMERCIAL VEHICLES - OWNED, LEASED OR OPERATED BY A LESSEE OR THEIR GUESTS ARE ALLOWED TO BE PARKED ON COMMON GROUNDS. NO MOTORCYCLES ARE ALLOWED. ALL VEHICLES MUST HAVE SAPPHIRE LAKES DECALS.

13. Mailing Address for Notices Connected with this Property:
Name: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

14. If this transaction is a Sale, please check one of the following:
I am purchasing this unit with the intention to:
☐ Reside here on a full-time basis
☐ Reside here part-time
☐ Lease the Unit

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

I am aware of, and agree to abide by the Declaration of Condominium for Turquoise at Sapphire Lakes, 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.

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 Turquoise at Sapphire Lakes, The Association's By-Laws, and the Rules and Regulations of the Association.

AUTHORIZATION: I/We hereby authorize Resort Management, Inc., and/or Turquoise at Sapphire Lakes Association, to verify all information contained on the application.

Dated: _____

Applicant _____

Applicant

NO APPLICATION WILL BE APPROVED UNLESS COMPLETELY AND CORRECTLY FILLED OUT, AND HAVE A COPY OF THE SALE OR LEASE AGREEMENT AND ALL FEES ATTACHED.

☐ Application Approved ☐ Disapproved

Date: _____ By: _____
Board of Directors Title