

Tamarynd Place Condominium Assn, Inc

Return Sales/Lease Packets to: Resort Management Real Estate Dept

2685 Horseshoe Drive S, Suite 215, Naples, FL 34104

Ph: (239) 649-5526 / Fax: (239) 403-1061

Application for Approval to PURCHASE or LEASE

Property Address: _____

CURRENT Property Owner Name: _____

____ PURCHASE: I / WE hereby apply for approval to PURCHASE at TAMARYND PLACE and for membership in the Association. (Please attach a copy of the SALES CONTRACT). Closing Date: _____

____ LEASE or ____ LEASE RENEWAL: I / WE hereby apply for approval to LEASE/RENEW MY LEASE at TAMARYND PLACE for the period beginning on: _____ and ending on _____ . (Please attach a copy of the LEASE AGREEMENT). 3-MONTH minimum / 6-MONTH maximum / No Pets.

Please return this Application 20 days prior to closing or occupancy/closing. Incomplete applications cannot be processed; therefore, cannot be approved. PLEASE INCLUDE THE FOLLOWING:

- ____ Completed & Signed Application
- ____ Background Check Form
- ____ BUYERS ONLY: \$75.00 Certificate of Approval Fee Payable to Resort Management
- ____ Non-Refundable \$150.00 Application Processing Fees: \$75.00 to Tamarynd Place AND \$75.00 to Resort Management
- ____ SALES or LEASE Contract Required
- ____ Pet Registration Form (owners only)

Full Name of Applicant: _____

Spouse/Partner Full Name: _____

Applicant(s) Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Email _____

Name of Business/Profession (if retired, former business/profession): _____

Company of Business Name: _____

Business Address: _____

The Association Documents provide an obligation of unit owners that all units are to be used as Single Family Residences only. Please state name, relationship and age of all other persons occupying the unit on a regular basis.

NOTE: OCCUPANCY IS RESTRICTED TO NO MORE THAN TWO (2) PEOPLE PER BEDROOM.

Name _____ Relationship _____ Age _____

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Person to be notified in Case of an Emergency: _____

Relationship _____ Phone _____

Name of Current or Most-Recent Landlord: _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Rented – how long? _____ Ownership – how long? _____

Personal References: Name _____ Relationship _____

Address _____ Phone _____

Personal References: Name _____ Relationship _____

Address _____ Phone _____

VEHICLE INFO: *TRUCKS MUST BE PARKED IN GARAGE AT ALL TIMES (unless in use). *NO COMMERCIAL VEHICLES OF ANY KIND! * If your vehicle does not fit into a garage, it is not acceptable.

Make/Model _____ Yr _____ Lic Plate # _____ St _____

Make/Model _____ Yr _____ Lic Plate # _____ St _____

PETS: OWNERS ONLY! Tenants are not allowed to have pets. Owners: Please see attached Pet Registration

BUYERS: I am PURCHASING this unit with the intention to: _____ Reside here on a full-time basis
_____ Reside here on a part-time basis _____ Lease the Unit

Mailing Address for Notices connected with this Application: _____

City _____ ST _____ Zip _____

I / WE represent that the information on this application is complete and true. I / WE understand and agree that any misrepresentation in this application will justify automatic rejection. I / WE am/are aware of, and agree to abide by, the Documents of Tamarynd Place, and the Articles of Incorporation and Bylaws. I / WE am/are understand and agree that the Association, in the event a unit is leased, 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 Documents, the Association’s Bylaws, the Florida Condominium/Homeowners’ Act and the Rules and Regulations. I / WE authorize Tamarynd Place to conduct a criminal background check.

SIGNATURES REQUIRED BELOW:

BUYER/TENANT Signature: _____ Date: _____

BUYER/TENANT Signature: _____ Date: _____

OWNER/REALTOR Signature: _____ Date: _____

OWNER/REALTOR Ph #: _____ Email: _____

Name of REALTOR & Real Estate Co: _____

Title Co: _____ Ph # _____

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ACTION TAKEN BY BOARD OF DIRECTORS: _____ APPROVED _____ DISAPPROVED Date: _____

BY (Board Member): _____ Title: _____

(Any approval is void in the event of false statements in the above application)

Tamarynd Place Condominium Assn

Pet Registration Form

OWNER'S ONLY: ONE (1) Cat or Dog is permitted. 25-LB Weight Limit.
See Section 18.3 of the Declaration of Condominium for full PET POLICY.

Do you currently have a pet? ____ YES ____ NO

Pet Owner's Name: _____

Property Address: _____

Phone #'s: _____

Pet Type: _____ Name of Pet: _____ Weight: _____

Gender: _____ Age: _____ License Number: _____

Name/Address/Phone Number of the Veterinarian who maintains immunization records on your pet:

Forward this completed form with your Sales Application to:

Tamarynd Place Condominium Assn
c/o Resort Management Real Estate Dept
2685 Horseshoe Drive South, Suite 215
Naples, FL 34104