

LAKESIDE GARDENS CONDOMINIUM B CONDOMINIUM ASSOCIATION, INC.

**APPLICATION FOR APPROVAL OF
PURCHASE OR LEASE OF CONDOMINIUM UNIT**

TO:

The Board of Directors of Lakeside Gardens Condominium B Condominium Association, Inc.

[] I hereby apply for approval to PURCHASE _____ Citrus Lake Drive, Unit # ___ in Lakeside Gardens Condominium B, a Condominium, and for membership in the Condominium Association.

[] I hereby apply for approval to LEASE _____ Citrus Lake Drive, Unit # ___ in Lakeside Gardens Condominium B, a Condominium, for the period beginning _____, 20____, and ending _____, 20____. A complete copy of the signed lease is attached. Minimum lease term is thirty (30) days no more than three (3) times a calendar year. Tenants and guests of tenants may not keep pets of any kind in leased units.

(Please check appropriate box.)

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____
Date of Birth: _____
2. Full name of Spouse (if any): _____
Date of Birth: _____
3. Home Address: _____
E-Mail: _____
Telephone: Home: () _____
Business: () _____
Cell: () _____
4. Social Security number of Applicant: _____
Social Security number of Spouse: _____

5. Nature of Business or Profession. _____
If retired, former business or profession. _____
6. Company or Firm name _____
7. Business address _____
8. The Condominium documents of Lakeside Gardens Condominium B, a Condominium, restrict units to use as single family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

<u>Print Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signatures are required of all additional persons over the age of 18 who will be occupying the residence on a regular basis). By signing above as an adult occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.

9. Name of current or most recent landlord: _____
Address: _____
City/State _____ Zip _____ Phone () _____
10. Two personal 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. All motor vehicles to be kept at the Condominium:
No trucks, recreational vehicles, or other motor vehicles, except four-wheel passenger automobiles or vans, as determined by the BOD shall be placed, parked or stored upon any site, the Master common areas or in the Neighborhood common areas. Violators are subject to be towed at their own expense. Notwithstanding the foregoing, trucks or service vehicles may be parked in Lakeside of Naples after 6:00 AM and before 12:00 AM daily.

Vehicle #1

Model/Make: _____ Year: _____
License Number: _____ State: _____

Vehicle #2

Model/Make: _____ Year: _____
License Number: _____ State: _____

(Please list identification info of any vehicles).

13. Mailing address for notices connected with this application:

Name: _____
Address: _____
City/State _____ Zip _____

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

Scheduled Closing Date: _____
Title Company/Attorney: _____ Telephone: _____
Contact : _____ E-Mail: _____
Please indicate how you wish to take Title and where you would like correspondence sent after closing
(Official Mailing Address): _____

I (We) will provide the Association with a copy of our recorded Deed within ten days after closing.

15. I am aware of, and agree to abide by the Declaration of Condominium for Lakeside Gardens Condominium B, a Condominium and the Bylaws, Articles of Incorporation, and Rules and Regulations for Lakeside Gardens Condominium B, Condominium Association, Inc. I am also aware and agree to abide by the Declaration of Covenants, Conditions and Restrictions for Lakeside of Naples and the Bylaws, Articles of Incorporation and Summary of Restrictions, Rules and Regulations for Lakeside of Naples Residents Associations, Inc. (LNRA) and any and all other properly promulgated rules and regulations. These documents are available at the Lakeside Management office or the web-site, www.LakesideofNaples.com. Guest occupancy is restricted in the absence of the owner or tenant.
16. Owners are restricted to size and number of pets they may keep. Pets: ____ Yes ____ No.
If Yes, please state type and weight: _____.
Tenants and guests are prohibited from having pets.

If this transaction is a Sale, the prospective purchaser will be advised by the Association office within a 15 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved.

If this transaction is a Lease, the prospective lessee (tenant) will be advised by the Association office within a 15 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved. If this transaction is a Lease, this application must be signed by the lessee applicant and by the realtor or other person who acted as rental agent for the unit owner. I lessee (tenant) understand and agree that the Association, if it approves a 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 Association's Declaration, Bylaws, and the rules and regulations of the Association. I lessee (tenant) also understand and agree that if the lease to the unit is approved and any special assessment or installment of a regular assessment or any other monetary obligation due to the Association for a unit remains unpaid for at least thirty (30) days after the due date and a Claim of Lien has been recorded against the unit, then upon written notice mailed to both the owner and the lessee of such delinquency, both the owner and I lessee (tenant) agree that all future lease payments due under the lease shall be paid by the lessee (tenant) directly to the Association until such time as the Association notifies both the owner and lessee (tenant) that all sums due the Association have been paid in full. Such lease payments shall be funds of the Association to be utilized for any Association purpose at the discretion of the Board and shall only be remitted to the owner if full payment of all amounts due the Association have been paid by the owner and a Satisfaction of Claim of Lien has been recorded.

17. PRIMARY OCCUPANT - Primary occupant means the natural person approved for occupancy when title to a unit is held in the name of two or more persons who are not husband and wife, or by a Trustee or a Corporation or other entity which is not a natural person. Please list the primary occupant of this unit:

Name _____ Relationship _____ Signature _____
(Signature is required of the designated Primary Occupant. By signing above as the primary occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.)

DATED _____

Applicant (Prospective Purchaser or Tenant)

DATED _____

Co-Applicant (Prospective Co-Purchaser or Co-Tenant)

A check for \$50, payable to Lakeside Gardens Condominium B Condominium Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application.

As the rental agent for the unit owner or the unit owner the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

Owner

Signature of Owner

E-mail

Telephone

Realty Company (if applicable)

Signature of rental agent

Phone number of rental agent

Print name of rental agent

APPLICATION APPROVED _____ DISAPPROVED _____

DATE: _____

BY: _____

Officer or Director or Authorized Representative

Please return all completed paperwork to:
Lakeside of Naples Residents Association, Inc.
7600 Airport Road
Naples, FL 34109
(239) 591-1661