

Attach Application Fee Here / Check #: \_\_\_\_\_



APPLICATION FOR BOARD APPROVAL TO PURCHASE

PURCHASE PROPERTY INFORMATION

Positano Building Number: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

(I)(We) hereby apply for approval to purchase the above unit and for membership in the Condominium Association
A copy of the Sales Contract is attached.

In order to facilitate consideration of this application, I (we) represent that any falsification or misrepresentation of the facts in the application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below. Copies of driver's licenses required.

BUYER'S INFORMATION

1. Full name (s) of Applicant's: \_\_\_\_\_

2. Full name(s) of Applicant's Spouse (if not listed above) \_\_\_\_\_

3. Date(s) of Birth of Applicant(s): \_\_\_\_\_

and Social Security numbers: \_\_\_\_\_

4. Home Address: \_\_\_\_\_

5. Home Phone: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Name of Business of applicants listed above. (If retired, former business or profession)
\_\_\_\_\_

8. The condominium documents for the above-referenced Condominium provide an obligation of unit owners that all units are for single family residence use only. Please state the name, relationship, age and occupation of all other persons that will be occupying the unit:

Table with 4 columns: Name, Relationship, Age, Occupation. Contains 3 empty rows for data entry.

9. PETS: Vaccination records must be submitted to the association if you will have a pet in the unit.

Description of Pet. Owners are permitted to keep two pets in the unit. No vicious breed dogs.

Type \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

Type \_\_\_\_\_ Breed \_\_\_\_\_ Color \_\_\_\_\_ Name \_\_\_\_\_

10. Three personal references (local if possible)

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

11. Person to be notified in case of emergency: \_\_\_\_\_

12. Make of car(s) \_\_\_\_\_ Year \_\_\_\_\_ STATE/TAG# \_\_\_\_\_

car(s) \_\_\_\_\_ Year \_\_\_\_\_ STATE/TAG# \_\_\_\_\_

13. I am purchasing this unit with the intention to:

\_\_\_\_\_ RESIDE HERE ON A FULL TIME BASIS \_\_\_\_\_ RESIDE HERE PART-TIME  
\_\_\_\_\_ LEASE THE UNIT SEASONALLY \_\_\_\_\_ LEASE THE UNIT ANNUALLY

14. I am aware of and agree to abide by the Declaration of Condominium, the Articles in Incorporation, Bylaws and any and all property promulgated Rules & Regulations in effect within the terms of my occupancy or ownership. I have been provided with either a copy of the Condominium Documents or with a link to the Positano Place website to download a set. (\_\_\_\_) initials

15. Please attach \$150.00 application fee payable to Positano Place at Naples (I, II, III or IV, as applicable) Condominium Association, Inc. to include criminal background checks on all Applicants 18 years of age or older. (\_\_\_\_) initials

16. I attest to the fact that I have never been found guilty of a felony and my name has never appeared on the Florida department of Law Enforcement on-line database sex offenders and sexual predators. <http://offender.fdle.state.fl.us/offender/>. (\_\_\_\_) initials

17. In accordance with section 38(e) of Rules and Regulations, any Unit Owner who is renting shall provide in the lease that the Lessee must carry general liability insurance coverage in excess of \$100,000.00 and also carry contents coverage (renters insurance) and provide such proof of insurance to the Unit Owner and the Association. (\_\_\_\_) initials

18. I understand that I must obtain resident parking permits prior to entering the property from Property Management. Failure to display parking tags will result in vehicle(s) being immobilized or towed at the owner's expense. (\_\_\_\_) initials

19. I understand that two visitor parking permits are assigned to each unit along with a gate key FOB and that I should receive these at closing, or prior to closing on my unit from the previous owner/agent and that overnight visitor passes are valid for no more than five consecutive nights on the same vehicle. (\_\_\_\_) initials

20. Per your Condo By-Laws you are required to maintain insurance on your individual condo unit. A copy of your Insurance Declaration Page must be provided within 30 days of your effective/renewal date. Your Insurance Policy must list Positano Place as Additional Interest so that we are notified in the event that your policy expires, cancels, or renews. Please review your Condo Insurance Policy to confirm that the Additional Interest language is included. If it is not present, please contact your agent. (\_\_\_\_) initials

21. The Association passed an amendment to the Declaration which will prohibit buyers from renting their unit for thirty-six (36) months after the purchase date or (36) months after a lease in place expires. (\_\_\_\_) initials

Date: \_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_  
Applicant's Signature

*Please mail the completed form to:  
Positano Place Management  
12910 Positano Circle  
Naples, FL 34105*

*If you have any questions or require additional information, please call the Positano Place Community Association Manager, Tina Kornis at (239) 262-8382.*