

**Park Shore Landings Condominium
405 Park Shore Drive
Naples, FL 34103
239-649-4430
FAX 239-403-4415**

Sales Application

Mail or Drop off:

Park Shore Landings Condominium

405 Park Shore Drive

Naples, FL 34103

239-649-4430

FAX 239-403-4415

Please submit application at least 20 days prior to closing date.

ATTACH THE FOLLOWING:

- ❖ A fully *executed* copy of the sales contract
- ❖ A **completely** filled out application. Partially completed form will not be considered.
(*Separate applications must be completed for co-applicants (excludes married couples)*)
- ❖ 3 Personal Reference Letters (Realtors may not be used as references)
- ❖ A non-refundable fee of \$50 payable to: **Park Shore Landings Condominium Association**
(*\$50 per applicant if not married*)
- ❖ \$175 Estoppel Fee: Contact KPG Accounting, Inc. at 239-434-8866
- ❖ \$50 Convenience Fee payable to Park Shore Landings Condominium Association (if application received less than 20 days prior to closing)

I (We) hereby apply for approval to purchase: Address: _____

Name of Current Owner: _____

Closing Date: _____ Title Company or Attorney: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____

2. Full name of Spouse: _____

3. Home Address: _____

4. Telephone: Home: _____ Work: _____

Mobile: _____ Email address: _____

5. The documents of Park Shore Condominium Association provide an obligation of unit owners that all units are for single-family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

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

6. Person to be notified in case of emergency: _____

Address: _____ Phone: _____

7. Make of automobile (s)/year/license number: (No commercial or oversized vehicles allowed)

Auto 1: _____

Auto 2: _____

8. Mailing address for billings and notices connected with this application:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

9. Agent/Company _____ Phone: _____

10. I am purchasing this unit with the intention to: (Please check one)

Reside here on a full time basis Reside here part time Lease the unit

11. I am aware of and agree to abide by the Community Association Documents and Rules and Regulations. I acknowledge receipt of a copy of the Association Rules _____ (**initial here**). (Property owner should provide buyer with the Community Association Documents or they may be obtained through Collier County. Sandcastle Community Management does not provide Association Documents.)

12. I understand and agree that the Association, in the event that 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, in accordance with the Documents and the Rules and Regulations of the Association.

Applicant Date

Applicant Date

.....
Applicant approved Applicant Disapproved

Board Member/Property Manager Date

Park Shore Landings Condominium Association, Inc.

Pet Registration Form

_____ **I DO NOT HAVE A PET AT THIS TIME**

I understand that falsification of information of failure to register my pet will result in action regarding rules violation by the Board. I further understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property

Owner: _____

Address: _____

Home # _____ Cell # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Name of Pet: _____

Attach a copy of immunization record and photo of your pet.

Signature of Owner