

**Cap Ferrat at Crown Colony
Condominium Association, Inc.
6597 Nicholas Boulevard
Naples, Florida 34108
239-597-6033 phone
239-597-3676 fax**

**Application for Approval to Purchase or
Lease a Condominium Unit**

To: Board of Directors of Cap Ferrat at Crown Colony:

I hereby apply for approval to:

() purchase Unit No. _____ and for membership in the Association.

() lease Unit No. _____ from _____ to _____.

Instructions:

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the purchase or lease agreement, and a non-refundable fee in the amount of \$100.00, payable to Cap Ferrat at Crown Colony Condominium Association, Inc. The Association charges \$250.00 for all Estoppel Certificates or Estoppel Certificate updates. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant _____ Age _____

Full Name of Spouse _____ Age _____

Home Address _____ City/State _____ Zip _____

Telephone (home) _____ Telephone (business) _____

Nature of business or profession (if retired, former occupation) _____

All units of the Association are designated as single family residences only. Please state name, relationship and age of all other persons who may be occupying the unit regularly.

Two personal letters of reference are to be attached to this application:

1. Name _____ Address _____
City/State _____ Zip _____ Telephone _____
2. Name _____ Address _____
City/State _____ Zip _____ Telephone _____

Two credit references, preferably local, are required:

1. Name _____ Address _____
City/State _____ Telephone _____
2. Name _____ Address _____
City/State _____ Telephone _____

For purchasers only – please identify mortgagees, if any _____

Address _____ City/State _____ Zip _____

() reside her full time () reside here part time () lease unit to others

For lessees only – current or most recent landlord, if applicable:

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

Duration of rental _____

Person to be notified in case of an emergency:

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

Parking space assignment for this unit is _____

Automobiles to be parked on the premises:

Make _____ Year _____ Registration # _____ State _____

Make _____ Year _____ Registration # _____ State _____

Mailing address for notices regarding this application if different from the home address given above:

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

Applicant's Affidavit

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association.

Signatures:

Applicant _____ Co-applicant _____

Date _____

For unit purchasers only: Interviewed by _____

Date _____

This application is approved _____ Not Approved _____

Cap Ferrat at Crown Colony Condominium Association, Inc.

By _____ Title _____ Date _____