AT TARPON BAY	CONDOMINIUM	ASSOCIATION.	INC.
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SALES APPLICATION

	lication to purchase the following property:
Sellers Name:	
Anticipated closing date of	at a sale price of \$
PLEASE TELL US ABOUT YOURSELF	7
Full Name	
Date of Birth	Co-Applicant (or spouse) Date of Birth
Social Security #	Social Security #
Email Address:	Email Address:
Home Phone ()	Name(s) and Date(s) of Birth of Dependent(s)
Cell Phone ()	
NOTE: ALL PROPOSED OCCUPANTS WITH RI INFORMATION MUST BE LISTED—USE ADDIT SHEETS IF NECESSARY. Co-Applicant (or spouse) Full Name PLEASE GIVE RESIDENTIAL HISTOR	Name
Current Address	
Apt # City	State Zip
Co-applicant Current Address (if not the Apt # City	same) State Zip
Month/Year Moved In	_Reasons for Leaving
Owned/Rent Owner/Phone (
Previous Address (last 3 years)	D
,	Rent \$
Owner/Agent	Phone ()
Previous Address 2)	owned/rent
Owner/Agent	Phone ()

Previous Address 3)	owned/rent
Owner/AgentI	Phone ()
PLEASE DESCRIBE YOUR CREDIT HISTORY	
Have you declared bankruptcy in the past seven (7) years?	Yes No
Have you ever been evicted from a rental residence?	Yes No
Have you had two or more late mortgage/ rental payments in the past year?	YesNo
Have you ever willfully or intentionally refused to pay mortgage/rent when due?	Yes No
Criminal History	
Have any of the proposed occupants listed above ever been:YESNO Please list the names, dates of birth of each occupant that ha	as been so convicted:
(add additional sheets if	necessary)
PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION)N
Your Status:Full TimePart TimeStuden	tRetired
Employer	
Dates employed Employed	as
Supervisor Name Phone (_)
Salary \$	ployed by above less than 12 months, give

person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application. Amount \$ Source/Contact Name PLEASE LIST YOUR REFERENCES **Banking Accounts:** Name_____ Type of Account_____ Account Number_____ Name Type of Account Account Number Personal Reference or Emergency Contact:
 Name
 _______ Address

 Phone
 _______ Relationship
 Driver's License: Your Driver's License Number_____ State____ **Vehicle Information:** Make / Model _____Year ____License Plate State_ ADDITIONAL INFORMATION: Please give any additional information that might help owner/management evaluate this application? Occupancy: Full Part Seasonal Investor Where may we reach you to discuss this application? Day Phone # (______) Night Phone # (______ ◆The above listed applicant declares that all statements made in this application are true and complete. Applicant hereby authorizes the AT TARPON BAY CONDOMINIUM hereby authorizes the _____AT TARPON BAY CONDOMINIUM ASSOCIATION, INC. to verify all of the information in this application and obtain Criminal background reports on the above listed applicants and all proposed adult occupants. If applicant or applicant's spouse has given any false information, owner and/or the condominium association is entitled to reject the application and retain all application fees as liquidated damages for owner's and/or condominium's time and expenses in processing this application. Applicant shall give owner a nonrefundable application fee in the amount of \$_100.00_ payable to

If you have other sources of income that you would like us to consider, please list income, source, and

AT TARPON BAY CONDOMINIUM ASSOCIATION, INC., 2050 CASTAWAYS COURT, NAPLES, FL 34119. ** PLEASE NOTE FOR INTERNATIONAL APPLICALANTS PLEASE CONTACT THE OFFICE FOR THE FEE.

♦ I/we warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, the sale may be considered null and void and the owner and/or the association may require.

waives any claim for damages by reason of no part of your procedure for processing my appl information background check may be prepare	d by the condominium association, the applicant hereby on-acceptance by the association. I/we recognize that as a ication, an investigative consumer report and criminal ed whereby information is obtained through personal quainted. This inquiry includes information as to my/our cteristics, and mode of living.
◆The above information, to the best of my/our	r knowledge, is true and correct.
Please sign:	
X	X
Name	Name
Date	Date
I/WE authorize an investigation of ownership/t purposes of purchasing a condominium from t	
Signature	Date
Name (please print)	
X	
Signature	Date
Name (please print)	
of the proposed sales agreement, a signed association, three letters of reference and	to the association address as herein listed, with a copy and initialed copy of the rules and regulations of the a non-refundable application fee of \$100.00 made out Condominium Association, Inc. at least fifteen (15) rdance with the sales agreement.
APPLICANT: PLEASE DO NO	T WRITE BELOW (FOR OFFICE USE ONLY)
Received by	Application Fee:
Date	
APPLICATION VERIFICATION	
Proposed Sales Agreement:	Signed copy of rules:
Application Fee:	References

CRIMINAL BACKGROUND CHECKS (all adult occupa	ants)	
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