

**Forest Lakes Condominium Association, Inc.
55+ Community**

CHECKLIST for CONDOMINIUM PURCHASE APPLICATION

EFFECTIVE AUGUST 1, 2021

Buyer: _____ Seller: _____

Property Address: _____ Forest Lakes Drive, Unit # _____ Closing Date: _____

1. Copy of the sales contract signed by all parties.
2. Complete and return purchase application signed by all parties.
3. The following **non-refundable** fees must accompany the application: check or money order payable to: **Forest Lakes Condominium Association, Inc.**
Total amount: \$600.00 for all applications received after August 1, 2021.
- **\$100.00** Transfer Fee
 - **\$100.00** Application Fee (Non-refundable)
 - **\$150.00** Credit/background check per application (Non-refundable)
 - **\$250.00** Estoppel Fee **separate check required (\$350.00 FOR EXPEDITED ESTOPPEL REQUESTS)**

PLEASE NOTE: If a mortgage questionnaire is required, please submit an additional:

- **\$150.00** check payable to **Forest Lakes Condominium Association, Inc.**
 - Condominium Documents may be purchased at the Association office located at 1058 Forest Lakes Drive for \$17.50.
4. Proof of buyer's age – driver's license, birth certificate, or passport.
5. Required screening forms for the background check.
- United States – one part.
 - Canadian – Two parts, also must include two government issued ID's and the bottom of the application must have a witness signature.
6. Buyer must initial below indicating they have received and read the Forest Lakes Rules and Regulations.

Initials: _____

Note: All Maintenance Fees and Special Assessments must be paid before a Title Company, Mortgage Company or Bank can close.

APPLICATION FOR APPROVAL TO PURCHASE A CONDOMINIUM UNIT

FOREST LAKES CONDOMINIUM ASSOCIATION, Inc.

1058 Forest Lakes Drive, Naples, FL 34105
Office: 239-261-5497 | Fax: 239-261-7969

Date: _____ I (We) do hereby apply for approval to Purchase _____ # _____
Forest Lakes Drive, in Forest Lakes Condominium Association, Inc.

A copy of the proposed Sales Agreement is enclosed with the proposed closing date of _____.

Current Unit Owner's name: _____.

An owner intending to make a sale or gift of their unit, or any interest therein shall give to the Board of Directors, or its designee, written notice of such intention at least twenty (20) days before the intended closing date.

In order to facilitate consideration for this application, I (we) represent that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my (our) background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant _____

Date of Birth _____

2. Full name of Applicant _____

Date of Birth _____

3. Current Mailing Address _____

City, State & Zip code _____

Home: (____) _____ Cell: (____) _____ Fax :(____) _____

Work: (____) _____ Email: _____

4. Applicant's Employer and/or Profession _____

Active _____ Retired _____

5. Have you been a resident or overnight guest in Forest Lakes previously? Yes _____ No _____

List unit owner name and dates of occupancy? _____

6. Driver's License #: _____ State: _____ Expires: _____

7. **Please list the designated primary occupant of the unit per section 14.1** _____

(Date of Birth _____) Primary occupant is also deemed an applicant

8. ***PETS ARE NOT PERMITTED AT FOREST LAKES***

9. The Condominium Documents of Forest Lakes Condominium Association, Inc. a condominium, restricts units to use as single-family residence only.

Please state the name, relationship and age of all other persons who will be occupying the apartment unit regularly. (Also deemed Applicants)

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 an emergency: _____

Address: _____ Phone: _____

12. Mailing address for notices associated with this application: _____

I am/(We are purchasing the unit with the intention to:

(Please circle the number(s) that apply)

(1) Reside here on a full-time basis

(2) Reside here part time

(3) Lease the unit annually

(4) Lease the unit seasonally (limit 3 leases allowed per year; minimum lease term is 30 days)

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

I am aware of and agree to abide by the Declaration of Condominium of Forest Lakes Condominium Association, Inc., a Condominium, the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy. If this application is approved, I (we) understand and agree that any future guest(s) who reside in the unit with the owner or an approved tenant for a period of more than thirty (30) days must then upon the thirty-first (31st) day complete and submit an application and be approved or disapproved by the Association in the same manner as applicants herein and if not approved must vacate the unit immediately upon disapproval.

The prospective purchaser will be advised by the Association office within a 20-day period from the date of receipt of application and all additional information and appearances requested, of whether this application has been approved.

SIGNATURE OF OWNER(S), AND ALL APPLICANT(S) ARE REQUIRED BELOW. All persons listed above over the age of 18, including prospective purchasers, gift recipients, devisees, heirs, transferees' primary occupant and occupants who will be using unit on a regular basis must sign below. By signing below, I (we) applicant(s) do hereby consent to a criminal and financial investigation into my background.

OWNER (Print) _____
OWNER (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____

FOREST LAKES CONDOMINIUM ASSOCIATION, INC. IS A 55+ COMMUNITY
PROOF OF AGE REQUIRED

Enclose a copy of you Driver's License, Birth Certificate, Passport or other legal papers showing a date of birth. One resident must be at least 55 years of age or older.

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Forest Lakes Condominium Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

_____/_____/_____
Applicant Name Date of Birth* Social Security Number
*Date of Birth is requested in order to obtain accurate retrieval of records. If International please provide
Passport Number

_____/_____/_____
Co-Applicants Name Date of Birth Social Security Number
If International please provide
Passport Number

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____