SORRENTO AT THE COLONY
CONDOMINUM ASSOCIATION, INC.
23650 VIA VENETO # 104
ESTERO, FL 34134
239-949-8508

UNIT #_____

APPLICATION FOR PURCHASE, TRANSFER, GIFT, DIVISE OR INHERITANCE APPROVAL

1. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant.
2. If any questions is not answered, or left blank, this application may be returned, not processed and not approved.
3. Please attach a copy of the signed purchase agreement to this application.
4. Please attach a non-refundable $100.00 processing fee to this application, made payable to the Sorrento at The Colony Condominium Association, Inc. for each applicant. Acceptance of the processing fee does not in any way constitute approval of this transaction.
5. An Owner must provide the Board of Directors with written notice of intention to sell the Unit at least fifteen (15) days prior to the first occupancy, together with the name of the proposed Lessee, a fully executed copy of the proposed purchase agreement, a properly completed application to purchase form, processing fee and such other information as the Board of Directors may reasonably require. The application to purchase form authorizes the Board of Directors to obtain a background check of the proposed purchasers.
6. After the required application and all attendant information requested, including background check report, have been received by the Board of Directors, the Board of Directors shall have fifteen (15) days in which to approve or disapprove the proposed purchase.
7. All applicants must make themselves available for a personal interview if requested by the Board of Directors prior to final approval. Occupancy prior to Board of Directors approval is prohibited.
8. Pet Policy: One dog no more than fifteen (15) inches tall at the shoulder at maturity, or two cats , and no more than two birds, tropical fish, and other customary non-exotic (snakes prohibited), quiet inoffensive household pets not being kept or raised for commercial purposed shall be permitted. I also understand that guests or visitors may not have any pets. See SORRENTO Rules & Regulations for further information.
9. Use of this unit is for single family residence only.
10. Assigned Parking Space(s) is _____. Assigned storage Unit _____.
11. Commercial vehicles, trucks, boats, trailers, motor homes and campers are prohibited.
12. The seller (current owner) must provide the purchaser with a copy of all the Association Documents and Rules and Regulations.
13. Purchaser must notify the Association office with the exact day of their closing.
14. Occupancy regulations: No unit may be permanently occupied by more than two (2) persons per bedroom, nor may more persons, including overnight guests exceed two (2) persons per bedroom, plus two (2).
15. Persons moving furniture and other property in and out of the units must notify the Manager **in advance** and use the designated access door into the building and the designated service elevator. Hours for moving are from 8:00 AM to 4:00 PM, Monday through Friday. No furniture moving is permitted on Saturdays, Sundays or holidays, unless approved by the Manager.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date:_____ Unit Number _____Approx. Close Date: _____

Current Owner's Name: _____Phone Number:_____

Name of Realtor handling Sale:_____ Phone Number_____

Name of Proposed Purchaser(s): (as Title will appear)

a. _____ b. _____

OTHER PERSONS who will occupy the unit with you,

Name	Age	Relationship

Have you ever seasonally resided in Florida before _____ If yes, please state the name, address and dates of residency.

_____

If retired, please state the company's name and address retired from and when retire: _____

_____

Have you ever been convicted or pled guilty to a crime?_____ If yes, please state the date(s), charge(s) and disposition(s).

_____

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of a unit at SORRENTO AT THE COLONY is as follows:

   Permanent Residence_____ Seasonal Residence _____ Other (Explain)_____

2. I hereby agree for myself and on behalf of all persons who may use the unit that I seek to Purchase.

   a. I will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, and restrictions which are or may in the future be imposed by the SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.

   b. I understand that there is a restriction on pets and will accept and abide by those restrictions, See Sorrento Rules and Regulations for further information. Under no circumstance may any guest or visitor bring a pet into the SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC.

3. I have received a copy of all Association Documents. YES (initial)_____
   I have received a copy of the Rules and Regulations. YES (initial)_____

4. I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board of Directors approval is prohibited.

5. I understand that the acceptance for Purchase of a unit at SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC. is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation, falsification or omission of information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited.

6. I understand the Board of Directors of the SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC. may cause to be instituted an investigation of my background as the Board of Directors may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and their agent to make such investigation, and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

7. If this application is approved, I will provide the Association office with a copy of the Closing Statement and a copy of the recorded Deed within 3 days after closing.

In making the foregoing application, I am aware that the decision of the SORRENTO AT THE COLONY CONDOMINIUM ASSOCIATION, INC. will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

_____ _____

Applicant Applicant

INSTRUCTIONS:

1 -All applicants are processed as separate investigations.
2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
4 -Missing information will cause delays in processing your application.
5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
6- Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink) Purchase_____ or Lease _____ (How long)

Apt. No. _____ Bldg No._____ Special Address or Unit _____

Date_____ 20_____ Desired date of occupancy _____

Name (Mr./Mrs. /Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.)_____ Date of Birth_____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep._____ [ ] Div._____ Maiden Name_____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.)_____

In case of emergency notify: _____
Name *Address* *Telephone*

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____ Phone (___) _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____ Phone (___) _____ Dates of Residency_____

Name of Landlord or Mortgage Co. _____ Phone (___) _____

Address _____ Mtg. No. _____

B. Previous Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____ Phone (___) _____ Dates of Residency_____

Name of Landlord or Mortgage Co. _____ Phone (___) _____

Address _____ Mtg. No. _____

C. Prior Address _____ Your Apt No. _____
(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo_____ Phone (___) _____ Dates of Residency_____

Name of Landlord or Mortgage Co. _____ Phone (___)_____

Address _____ Mtg. No. _____

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone (___) _____
(or retired from)

How long_____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone (___) _____
(or retired from)

How long_____ Dept. or Position _____ Mo. Income _____

Address _____ Zip _____

C. Bank Reference _____ Phone (___) _____

How long_____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

D. Bank Reference _____ Phone (___) _____

How long_____ Ck. Acct. No. _____ Sav. Acct. No. _____

Address _____ Zip _____

(Continued on Back)

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. _____
Name Address Phone (Residential & Office)

2. _____
Name Address Phone (Residential & Office)

3. _____
Name Address Phone (Residential & Office)

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Signature _____
Applicant Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

_____ _____
(Applicant's Signature) (Applicant's Name Printed)

_____ _____
(Spouse's Signature) (Spouse's Name Printed)

DATE _____

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