

APPLICATION FOR APPROVAL OF SALE OR LEASE OF CONDOMINIUM UNIT

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The Personal Information Submitted Herewith Will Be Maintained As Confidential and Will Not Be Disclosed Except As Required To Act With Respect To This Request

To: The Board of Directors ("Board") of Allegro Condominium, Inc. (sometimes referred to herein as the "Association" or "Allegro Condominium")

(Please check appropriate box below)

☐ I (We) hereby apply for approval to **purchase** unit _____ in the Allegro Condominium, and for membership in the Association. A complete copy of the signed purchase agreement, subject to Board approval, is attached hereto. **Closing date is** _____

☐ I (We) hereby apply for approval to **lease** unit _____ in the Allegro Condominium for the period (**must be for a minimum of 3 months**) Beginning _____, 20__, and ending _____, 20__. Complete copy of the signed lease agreement, subject to Board approval, is attached hereto.

In order to facilitate consideration of the Application, the Undersigned represent(s) that the following information is complete, factual and correct, and agree(s) that any false or incomplete information or any misrepresentation herein will justify its disapproval or even the rescission of any approval given by the Board. I(We) further consent and agree to your further inquiry, without the obligation to do so, concerning all or any parts of the Application (including, without limitation, the references given herein or information derived there from) and to an investigation into my or our backgrounds (including, without limitation, any credit references and/or agencies).

TYPE OR PRINT LEGIBLY. ALL QUESTIONS BELOW MUST BE ANSWERED EVEN IF "N/A" IS AN APPROPRIATE RESPONSE. IF MORE SPACE IS NEEDED, ATTACH SEPARATE SHEETS HERETO.

1. Full name, gender, date of birth and Social Security Number (if USA) or Social Insurance Number (if Canada) of each Applicant and spouse (if any).

(A) _____
Full Legal Name of Applicant

Gender _____ Date of Birth (MM/DD/YYYY) _____ Social Security (or insurance) Number _____

(B) _____
Full Legal Name of spouse (if any)

Gender _____ Date of Birth (MM/DD/YYYY) _____ Social Security (or insurance) Number _____

*If the title will be in a trust, corporation or two or more persons, the person who will be designated the primary occupant pursuant to section 14.1(D) of the Declaration of Condominium will be the Applicant

2. Home address(s):

Street _____

City _____ State and/or County _____ Zip _____

Former home address if moved within the past 5 years: _____
Street _____

City _____ State and/or County _____ Zip _____

Full mailing address for notices in connection with this Application: _____
Street (or P.O. Box) _____

City _____ State and/or County _____ Zip _____

3. Telephone Home: _____
Business: _____
Cell: _____

Please place an "X" in front of the telephone where Applicants can most likely be reached for a telephone interview or for other matters in connection with this Application. (Note: An in person interview at the Association is preferred, if possible).

4. Nature of business or profession of Applicant(s): _____
If retired, former business or profession: _____

5. Company or Firm name and address where now or last employed, last position held and how long you have been with or employed by that Firm: _____

6. Present business address, if different from the address in question 5 above.

7. The current condominium documents for the Association (defined hereinafter at page 4 as the "Condo Documents") restrict units for use as single family residences only. Please state the name(s), age(s) and relationship(s) to Applicant(s) of all persons, other than the Applicant(s), who will be occupying the unit on a temporary basis. (Note: The Condo documents, as defined at page 4, restrict the use of the unit by family members when the unit owners are not present).

8. If you have leased property in the last 5 years, set out the following as to your most recent landlord:

Name

Phone Number

Address

City

State and/or Country

Zip

9. Provide three personal references (local, if possible, but in all cases unrelated to the Applicants) and please do not include your real estate agent or broker:

(A) _____
Name Phone Number

Address

City

State and/or Country

Zip

How do you know this person?

Years known

(B) _____
Name Phone Number

Address

City

State and/or Country

Zip

How do you know this person?

Years known

(C) _____

Name	Phone Number
Address	
City	State and/or Country Zip
How do you know this person?	Years known

10. Provide two credit references (local, if possible, but in all cases unrelated to the applicants):

(A) _____

Name	Phone Number
Address	
City	State and/or Country Zip
Number and type of account: _____	

(B) _____

Name	Phone number
Address	
City	State and/or Country Zip
Number and type of account: _____	

11. Person to be notified in case of emergency:

Name	Relationship	Phone number
Address		
City	State and/or Country	Zip

12. Motor vehicle(s) to be kept or used initially at the Allegro Condominium (Note: each unit is assigned only one permanent, exclusive numbered parking space):

(A) _____

Make and model	Year
License number	State

(B) _____

Make and model	Year
License number	State

13. If this is a lease, provide the full name and local business address of the leasing agent for the Applicants:

Name of agent: _____

Business address locally: _____

Local telephone: () _____

14. If this is a purchase of a unit in the Association, provide the full name and local business of the real estate broker or other sales agent for the Applicants:

Name of agent: _____

Business address locally: _____

Local telephone: () _____

15. List the locations of the homes, residences and/or properties owned in whole or in part by the Applicants or either of them (Use separate sheets of paper, if needed).

(a) _____

(b) _____

16. Have you ever been involved in any disputes with your neighbor(s) or residents of your neighborhood? ____ No
 ____ Yes If "Yes". Explain on a separate sheet of paper attached hereto.
17. Do you have any pets which you intend to have with you in your unit? ____ No ____ Yes if "Yes" please supply a photograph of the pet with the Application (Note: The current Condo Documents permit one pet only, meaning one dog or cat which pet must weigh under 15 lbs at full adult weight. Other rules also apply. If this is a lease, the lease terms may not permit a pet).
18. Have you ever seasonally resided in Florida before? ____ Yes ____ No if "Yes", please state the name, address and dates of most recent residency _____
19. If the transaction is a purchase of a unit, please circle the letter(s) that applies: I am purchasing this unit with the intention to –
 (a) Reside here on a full –time basis;
 (b) Reside here part-time
 (c) Lease the unit

20. I (We) am/are aware of and agree to abide by the Declaration of Condominium The Allegro, A Luxury Condominium ("Allegro Condominium" or "Association"), the Articles of Incorporation and Bylaws thereof, and any and all properly promulgated Rules and regulations (all hereinafter and hereinabove referred to as the "Condo Documents"). I (We) acknowledge receipt of a copy of the Condo Documents. **(Please Sign and return to the Association the Acceptance, attached hereto, after reading The Condo Documents).**

If this transaction is a purchase of a unit, the Applicant(s) will be advised by the Association's office of whether this Application has been approved within a 30-day period from the date of the receipt of this completed Application AND all appearances and/or interviews are completed and information requested has been supplied. Also the Applicant(s), in the event of approval, agree(s) to provide the Association with a copy of the recorded deed within 10 days after the Closing.

If this transaction is a lease, the prospective lessee (tenant) will be advised by the Association office of whether this Application has been approved within a 20-day period from the date of the receipt of this completed Application AND all appearances and/or interviews are completed and information requested as been supplied. If a lease, this Application must be signed by the lessee Applicant(s) and by the leasing agent or other person who acted as rental agent for the unit owner. I (We), the lessee(s), understand and agree that the Association, if 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 of provisions of the Condo Documents (as defined above).

A check for \$100.00 payable to "Allegro Condominium Association, Inc." must accompany this Application, for the purpose of defraying costs of investigating this Application and other expenses related thereto I understand that the Association may conduct its own and/or institute an investigation of our (my) background and, also, I specifically authorize RENTERS REFERENCE OF FLORIDA, INC. to make such investigation, which investigation may use the information set out herein, and the Board its offices, directors, management, committee members and any and all outside Investigating agencies, including, without limitation, Renters Reference of Florida, Inc. shall be held harmless from any action or claim by us (me) in connection with the use of the information herein and/or any investigation conducted as a result of the Application.

Dated: _____ Applicants: _____

Rental Agent Information

As rental agent for the owner, the undersigned agrees to be responsible of immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Allegro Condominium, including termination of lease and removal of the tenant.

 Realty Company

 Signature of Rental Agent

 Phone number of Rental Agent

 Print name of Rental Agent

Application: Approved _____ Disapproved _____ Date _____

By: _____
 Officer, Director or Authorized Representative

**Allegro Condominium Association, Inc.
4031 Gulf Shore Blvd., North
Naples, FL 34103**

If you have not read the Declaration of Condominium of the Allegro, A Luxury Condominium, the Articles of Incorporation and Bylaws thereof and the Rules and Regulations promulgated in accordance therewith (all hereinafter referred to collectively as the "Condo Documents") at the time of the submission of the Application to which this Acceptance is attached, please detach this Acceptance and submit it separately to the Association. (The Application to which this Acceptance is attached, cannot be approved until this Acceptance is received by the Association.)

UNDERSTANDING AND ACCEPTANCE OF THE CONDO DOCUMENTS:

I (We), being all of the Applicants with respect to the action requested by me (us) in our Application For Approval of Sale Or Lease Of Condominium Unit, understand and accept the Condo Documents, as defined above, and will abide by them as now set forth and as they may be properly amended hereafter.

Applicant(s):

Signature **Date** _____

Print Name

Signature **Date** _____

Print Name

Allegro Condominium Unit No.: _____

**Return to: The Allegro Condominium Association, Inc.
ATTN: MANAGER
4031 Gulf Shore Blvd. North
Naples, FL 34103**

DISCLOSURE AND RELEASE

In connection with my application to rent, lease or purchase a dwelling unit at _____, I understand that consumer reports and/or investigative consumer reports will be requested from a consumer reporting agency. These reports may include the following types of information: names and dates of current or previous landlords and employers, reason for termination of employment or termination of residency as well as other sources of information. I further understand that such reports may contain public record information such as bankruptcy proceedings, judgments, criminal records, etc., from federal, state and other agencies, which maintain such records. Other information obtained may relate to my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency Applicant Information ("AI"), formerly known as Renters Reference of Florida, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the twelve month period preceding my request. I hereby consent to your obtaining the above information from the agency.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s). If my application is accepted; and I occupy a dwelling unit, this authorization shall remain on file and shall serve as ongoing authorization for you to procure such reports at any time during my residency on the property.

☐ California, Minnesota, and Oklahoma consumers only: Check box if you request a copy of any consumer report ordered by you.

Print Last Name, First Name Middle Name

Social Security Number

Applicant's Signature

Date of birth (MM/DD/YYYY)

Current Street Address

Driver's license

D/L State

City State Zip

Telephone Number

Date

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Print Last Name, First Name Middle Name

Social Security Number

Applicant's Signature

Date of birth (MM/DD/YYYY)

Current Street Address

Driver's license

D/L State

City State Zip

Telephone Number

Date