



CONDOMINIUM ASSOCIATION MANAGEMENT, INC.

CONDOMINIUM APPLICATION FOR SALE OR LEASE

Date of Application: _____

The application fee in the amount of \$100.00 per person or \$ 150.00 for Married Couple is **Non-Refundable** and needs to be enclosed with the application for GPM Inc. to process the application. Failure to do so may delay the application approval. Please make money order payable to: GPM Condo Management or cash.

Applications for applicants with Service and/or “emotional support animals” must provide legal documentation with the application and will not be approved except upon the advice of counsel.

Application will be approved or denied within two weeks from the day received. Incomplete applications will be returned to the applicant.

Applicants attempting to take up residency prior to approval will be denied and evicted.

If the association is a “55 or Older” community, legible proof of age needs to accompany the application. ☐ Check if “55 or older” community.

Please return the completed application to GPM Inc. with a copy of the sales agreement or lease to:

GPM Inc.

1319 Miramar Street, Suite 101

Cape Coral, FL 33904

Condominium Association

Unit Number

Applicant Printed Name

Applicant Signature

Applicant Printed Name

Applicant Signature

Mail: 1319 Miramar St., Suite 101 Cape Coral, Florida 33904
Phone 239-542-7712 Fax: 239-542-9296 Email: gpmadmin1@gpmcondo.com (Lissett)

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____ Dated date of occupancy _____

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

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

[] Singl. [] 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: _____

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

A. Present Address _____
(Street Address, Apt No., City, State, Zip) Phone (____) _____
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Date of Residency _____
 Address _____ Phone (____) _____
 _____ Mtg. No. _____

B. Previous Address _____
(Street Address, Apt No., City, State, Zip) Your Apt No. _____
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Date of Residency _____
 Address _____ Phone (____) _____
 _____ Mtg. No. _____

C. Prior Address _____
(Street Address, Apt No., City, State, Zip) Your Apt No. _____
 Name of Apt./Condo _____ Phone (____) _____
 Name of Landlord or Mortgage Co. _____ Date of Residency _____
 Address _____ Phone (____) _____
 _____ 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 _____ Ch. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

D. Bank Reference _____ Phone (____) _____
 How long _____ Ch. 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 _____ Applicant _____ Signature _____ 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 _____

In making the foregoing application, I represent to the Board of Directors that the purpose for the purchase or lease of a unit at _____ is as follows:

Permanent Residence _____ Seasonal Residence _____ Other _____
(Explain) _____

Or, if rental state term of lease agreement _____

* Include copy of lease (signed, dated) _____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and current restrictions or those which may, in the future, be imposed by _____ Condominium Association.

I have received a copy of all Association Documents Yes _____ No _____
I have received a copy of the Rules and Regulations Yes _____ No _____

1. 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.
2. I understand that there is a restriction on pets.
3. I understand that the acceptance for purchase or lease of a unit at _____ 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 the information on these forms will result in the automatic disqualification of my application.
4. I understand that the Board of Directors of _____ Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and RENTER'S REFERENCE OF FLORIDA, 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 _____ Condo Association itself shall be held harmless from any action or claim by me in connection with use of the information contained herein or investigation conducted by the Board of Directors.
5. In making the foregoing application I am aware that the decision of _____ Condo Association will be final and no reason will be given for any action taken by the Board of Directors and I agree to be governed by the determination of the Board of Directors.
6. I/We the undersigned agree that we have read and understand the Rules and Regulations of the Association for _____ Condominium, Inc.
7. I/We agree to abide by all covenants, restrictions, and rules presently enacted and new rules which may be promulgated from time to time by the Association.

Applicant _____ Date _____

EMAIL ADDRESS _____

Applicant _____ Date _____

EMAIL ADDRESS _____

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

GPM, Inc. and the Board of Directors of _____ Condominium are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative all information they requested concerning my banking, credit, residence, employment and back ground in reference with my (our) application made for residency.

DESIGNATED PARTY: UNIT OWNER(S) and/or OWNER'S PROPERTY MANAGER

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

Applicant's Signature

Applicant's printed name

Spouse's Signature

Spouse's printed name

DATE _____