

CYPRESS GLEN VILLAGE CONDOMINIUM ASSOCIATION, INC

PURCHASE / LEASE APPLICATION

Must be submitted 20 days prior to lessee occupancy or closing, whichever is applicable

Date: _____

RETURN TO: Cypress Glen Village - C/o Compass Group Mgt
3701 Tamiami Trail North, Naples, FL 34103
Ph: (239) 593-1233 / Fax: (239) 593-1116

CURRENT OWNER NAME _____ Ph #: _____

PROPERTY ADDRESS _____ UNIT # _____

I (we) hereby apply for approval to **LEASE**

Start Date _____ Ending Date _____

Rental/Leasing Agent/or Owner _____ Ph: _____

Address _____

I (we) hereby apply for approval to **PURCHASE**

Closing/Title Agency _____ Ph# _____

Address _____ Closing Date: _____

Email Address for Title/Closing Agency: _____

Please submit the following:

(Applications submitted without all the required information will be returned or delayed)

- 1. A signed copy of the lease or sales contract**
- 2. A non-refundable check for \$100.00 payable to Compass Group**
- 3. If applying for LEASE: a security deposit of \$300.00 payable to Cypress Glen Master Association**
- 4. Number of applicants must match lease contract. Separate applications required for non-married co-applicants**
- 5. Include Photo ID's of each person who will reside in the unit**
- 6. A completely filled out application form. (Partially completed forms will not be considered)**

TENANTS/GUESTS ARE NOT PERMITTED TO HAVE PETS

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Buyer/Tenant Name _____ DOB _____ SS# _____

Name of Spouse _____ DOB _____ SS# _____

Current address: _____ Ph # _____

City/State/Zip _____ Email _____

Previous Address (if less than 5 yrs at the above) _____

City/State/Zip _____

Current employer: _____ Position Held: _____

Employer's Address: _____ Ph # _____

Length of time in Position: _____ Supervisor's name _____ Monthly Income \$ _____

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U.S. Citizen? _____ **If no, submit document copy of residency authorization or passport photo page.**

Auto 1: Make/Model _____ Year _____ Tag # _____ State: _____

Auto 2: Make/Model _____ Year _____ Tag # _____ State: _____

No more than 2 vehicles are allowed. One vehicle parked in the garage and the other in the driveway

***The number of residence parking spaces is limited. The governing documents limit TWO (2) assigned parking spaces per condominium unit. Guest parking is for Guests only.**

References: Please provide one business reference and one personal reference:

1. Name: _____ Phone: _____ Business: _____

2. Name: _____ Phone: _____ Business: _____

Use of this home is for single family residence only - Two occupants per bedroom.

Please list the names, relationship and age of all persons who will occupy your home in addition to the applicants above. Also please provide a photo ID, social security number and Date of Birth for all persons over the age of 18 for a background check:

Name: _____ D.O.B: _____ SS#: _____ Relationship _____

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Have you ever been convicted of a felony? Yes _____ or No _____

If yes, please include details _____

In case of emergency notify _____ Ph# _____ Relationship _____

Address _____ City _____ State & Zip _____

If purchasing, I am **purchasing** this home with the intention to:

- _____ Reside in the home full time _____ Reside here on a part time basis
_____ As an investment, not living in home _____ Live part time in unit, lease it out other times

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.....? Yes _____ No _____

If yes, give details and dates _____

(Please use the back of this page if more space is needed.)

*Some document rules (not all) are included in this application as follows:

NO PETS are allowed in leased units. **NO SUBLEASING** is allowed. Occupancy is restricted to no more than **SIX** person in a 3 bedroom unit and no more than 4 person in a two bedroom unit. Guests are permitted in leased units, however, any guest staying more than **ONE** week requires prior approval by the Board of Directors.

Charcoal and gas grills are prohibited according to the Fire Code. Electric BBQ grills are permitted. No bicycles or other personal items may be kept or stored outside the unit. No beach type chairs, play pools, or toys are to be kept on the lanais or common grounds. No work vehicles with equipment or writing on the vehicles are allowed. Vans with covered windows are also prohibited.

AUTHORIZATION: I/We the applicant(s) hereby authorize Compass Group Property Management and/or Cypress Glen Village to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment income, eviction, and criminal record that they may contact any persons or companies listed on the application.

I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of ASSOCIATION NAME.

Purchaser(s): I (we) understand, in the event that the home is leased/rented that I will be required to submit a completely filled out lease application, with references, and a nonrefundable check for \$100.00 to COMPASS GROUP Twenty (20) days prior to the rental taking place.

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The prospective purchaser(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

Occupancy prior to Board of Directors approval is prohibited.

The purchaser(s) will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood and agree to all of the statements above.

Applicant signature

Date

Applicant signature

Date

Acceptance on behalf of ASSOCIATION NAME

Approved: _____

Disapproved: _____

Signature of Authorized Representative
For the Board of Directors

Date: _____