



FOREST PARK HOMEOWNERS ASSOCIATION, INC.

C/O PLATINUM PROPERTY MANAGEMENT
1016 COLLIER CENTER WAY SUITE 102, NAPLES, FL 34110
TEL: 239-596-1031 FAX: 239-596-1082

APPLICATION TO PURCHASE OR LEASE

INSTRUCTIONS:

This application is to be submitted to Platinum Property Management and must be submitted with full documentation, **including a signed copy of the purchase or lease agreement and a non-refundable fee in the amount of \$100.00, payable to Forest Park HOA.** Approval or denial will be issued within 10 days from the date of receipt of the application.

This application must be submitted 20 days prior to closing a purchase or commencement of a lease.

All Applications must include:

- **A copy of the purchase or lease agreement signed by all relevant parties**
- **\$50.00 Convenience fee if application not received 20 days prior to start of lease.**

For purchase Applications:

- **\$150.00 Estoppel Fee payable to Platinum Property Management**
- **\$100.00 Bank Questionnaire payable to Platinum Property (if applicable).**
- **\$50.00 Convenience fee if application not received 20 days prior to closing.**
- **\$1,000.00 One Time Capital Contribution**

Note that units may not be leased for a period of less than thirty (30) days. Units may be leased for a maximum of three (3) times per calendar year. Additionally note that all Association units are designated as single-family residences only, and must be leased/or utilized as such.

APPLICATION QUESTIONNAIRE:

I Hereby Apply for Approval To... (check one):

[]... purchase (address) _____, and for membership in the Association.

1. Current Unit owner's Name(s): _____

2. Full Name of Applicant: _____ **Age:** _____

Full Name of Spouse: _____ **Age:** _____

Telephone (home): _____

Telephone (business): _____

Cell: _____

Email Address: _____

3. Applicant's Current Address: _____

City/State: _____ Zip _____

4. Other Family Members to Occupy the Unit:

Name:	Relationship to Applicant:
_____	_____
_____	_____
_____	_____

5. Two Personal References (preferably local):

#1 Name: _____ Street Address _____

City/State: _____ Zip Code: _____

Telephone: _____

#2 Name: _____

Street Address: _____

City/State: _____ Zip _____

Telephone: _____

FOR PURCHASE ONLY:

Identify Mortgagees, if Any:

Street Address: _____ City/State: _____ Zip Code: _____

Intended Use of Unit (check one):

full time residence part time residence Lease to Others

FOR LESSEES ONLY:

Identify Current/Most Recent Landlord (if applicable):

Full name: _____

Telephone: _____

Street Address: _____ City/State: _____ Zip Code: _____

Duration of Most Recent Rental: _____

Prior Address: _____ **City/State:** _____ **Zip Code:** _____

Have you ever been evicted or asked to vacate a Property you rented? _____ **If So,**

Why: _____

Where: _____

When: _____

6. Specify All Vehicles to be Stored on Premises:

(Please make note that vehicles must be of a size to fit inside the garage.)

Make _____ **Model** _____ **Registration No.** _____ **State** _____

Make _____ **Model** _____ **Registration No.** _____ **State** _____

7. Specify the Type, Size, and weight of Pets to be kept in the Unit:

8. Mailing Address for notices regarding this application if different from the home address given above:

Name: _____ **Address:** _____

City/State: _____ **Zip:** _____ **Phone:** _____

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APPLICANT'S AFFIDAVIT:

“I am familiar with and agree to abide by the Association’s Declaration of Covenants, the Bylaws, the published Rules and Regulations. I understand and agree that the Association, in the event that my lease is approved, is authorized as the owner’s agent with full authority and power to take whatever actions may be necessary, including eviction, to prevent violation by lessees and guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. Additionally, I do consent to any further inquiries concerning this application and the references given below, as well as an investigation into my background and that of the “other occupants” listed above. If this application is for a unit purchase, I agree to be available for an interview with the designated representatives of the Association.”

ARTICLE IX: 9.14 Assessments

All new owners of Forest Park must pay to the Forest Park Master Association a one-time working capital contribution of \$1000.00 at closing.

Applicant (sign): _____ Date: _____

Co-Applicant (sign): _____ Date: _____

THE FOLLOWING FIELDS ARE FOR OFFICE USE ONLY

For Unit purchasers only..... **Interviewed by: _____**

Interview date: _____

This application is.....

Approved _____ Denied _____ on date: _____

...on behalf of Forest Park Association, by; _____,

Title _____, On Date _____