

FAIRWAYS AT PAR ONE CONDOMINIUM ASSOCIATION, INC.
C/O SANDCASTLE PROPERTY MANAGEMENT
16266 SAN CARLOS BLVD, SUITE 10
FORT MYERS, FL 33908
A FIFTY FIVE (55) AND OLDER COMMUNITY

Application To Purchase/Lease

() I (We) hereby apply for approval to purchase Bldg# _____ Unit # _____
In _____. (Copy of proposed contract must accompany this application.)

() I (We) hereby apply for approval as (new renters) to rent or lease in Bldg# _____ Unit # _____
In _____. For a period beginning _____ and ending _____.
(Copy of Proposed contract must accompany this application.)

() I (We) hereby apply for approval as (return renters) to rent or lease in Bldg# _____ Unit # _____
In _____. For a period beginning _____ and ending _____.
(Copy of Proposed contract must accompany this application. Fill out #1, 3 8, only on this application and sign.)

Please Type or Print

1. Full Name(s) of Applicant(s): _____
Address: _____ City _____ State _____ Zip Code _____
Phone #'s: Home _____ Work _____ Mobile _____
Fax: _____ Email _____

2. Occupation (if retired, former occupation): _____
Position Held: _____
Company/Firm Name: _____
Address: _____
Phone #: _____ Fax: _____

3. Name of Real Estate Agent: _____ Real Estate Company: _____
Address: _____ Phone #: _____ Fax: _____

4. Two Personal References (Local, if possible. No Relatives)
Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

5. Please state name, relationship, and age of persons who will be occupying the unit on a regular basis.
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____
Name _____ Relationship _____ Age _____

6. Please provide us with name and phone number of the company insuring your property:
Name _____ Phone # _____

7. Vehicles: Make _____ Model _____ Color _____ YR _____ Tag# _____ State _____
Make _____ Model _____ Color _____ YR _____ Tag# _____ State _____

8. In case of emergency, Please notify:

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

9. If this transaction is a sale will there be a mortgage on the property? Yes _____ No _____

If yes, please provide the following information:

Name of Mortgagee: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

10. If this transaction is a sale, please circle the number that applies:

I am purchasing this unit with the intention to:

1. Reside here on a full time basis
2. Reside here part time
3. Lease the unit.

11. I (We) authorize the Association to utilize the information contained within this application to determine the undersigns suitability to reside in this community.

12. I (We) are aware of and agree to abide by the rules and regulations of the association and any and all other property promulgated Rules and Regulations in effect within the terms of my (our) occupancy.

13. I understand and agree that the association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action that may be required, including eviction, to prevent violations by lessees and their guest. The prospective purchaser or lessee will be advised of approval status by the association within (30) days of receipt of the application.

14. Have you ever been convicted of a felony or do you presently have any litigation, civil or criminal pending against you? _____ (If Yes, please give details on reverse or on a separate piece of paper.)

15. I (We) affirm that the information is factual and true and any falsification or misrepresentation of the facts in this application shall be cause for automatic rejection and/or eviction.

16. I (We) understand that as a renter or a purchaser that one person 55 or older must reside in the aforementioned residence at all times. Failure to comply will constitute justification to evict.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Application is: Approved _____ Disapproved _____ Director Signature: _____ Date _____

Legible copies of Drivers Licenses of all occupants must accompany this application.

PLEASE MAIL OR DELIVER ALL FORMS AND APPLICATION FEE OF \$100 TO:

FAIRWAYS AT PAR ONE CONDOMINIUM ASSN., INC.
Sandcastle Property Management and Brokerage, LLC
16266 San Carlos Blvd, Suite 10
Fort Myers, FL 33908