

MARSH LANDING VI
2017 APPLICATION FOR APPROVAL TO PURCHASE OR LEASE A UNIT
C/o Advanced Property Management Service, Inc.
1035 Collier Ctr. Way #7, Naples, FL 34110
Phone 239-513-9433 Fax 239-513-9561
advancedapproval@aol.com

Application for Purchase _____ or Lease _____ Today's Date _____

Closing date _____ Term of Lease _____ to _____

Unit Owner Name _____ Unit Owner Email _____

Unit Address _____

Name of Buyer(s) or Lessee(s) _____

Current Address _____

City _____ State _____ Zip _____ Length of time in current home _____

Phone Numbers _____

Number of persons to be in residence _____ Email _____

Names of persons to be in residence _____

Type/ Breed of pet _____ Weight and Height of pet _____

Type/ Breed of pet _____ Weight and Height of pet _____

***TENANTS ARE NOT ALLOWED TO HAVE PETS. _____ (Sign in agreement)**

Current Landlord or Mortgage Holder Name and Phone Number _____

Applicant Current Occupation _____ Phone _____

Co-Applicant Current Occup. _____ Phone _____

Are you a service member? _____ Yes _____ No

The term "service member" is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

Have you ever filed bankruptcy? _____ What year? _____

A. Been convicted of a felony? _____ What year? _____ What for? _____

B. Been convicted for being under the influence or dealing in drugs, including alcohol? _____ Year _____

Marsh Landing VI
Application for Approval for Sale or Lease

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Vehicle Make/Model _____ Yr _____ Color _____ Lic Number _____
Vehicle Make/Model _____ Yr _____ Color _____ Lic Number _____

APPLICATION TO INCLUDE FOR APPROVAL:

- Copy of Lease or Sales Contract
 - Check or Money Order in the amount of \$100 made payable to Marsh Landing VI (Transfer Fee)
- The above **MUST** all be attached to this application and sent to the **ASSOCIATION c/o Advanced Property Management Service Inc., 1035 COLLIER CENTER WAY UNIT #7 NAPLES, FL. 34110**. Approval will not be granted if incomplete.

The information as described above **must** be submitted **at least** thirty (30) days prior to the intended closing date or starting lease date.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I/WE UNDERSTAND THE APPLICATION FEE IS **NON-REFUNDABLE**. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENENT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE.

FL Statute 718.116(11) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment.

Date _____ Applicant Signature _____
Co-Applicant Signature _____

*A copy of the approval is to be sent to: _____
(Email, fax or mailing address)

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved _____ Disapproved _____

By _____ Date _____
Name and Title

Application completed: Yes () No ()

Application Fees Submitted: Yes () No () Check or money order # _____

Lease or Sales Contract Submitted: Yes () No ()

Information verification completed by: _____

All fees current: Yes () No ()

Reasons for action taken:
