

**THE CLARIDGE CONDOMINIUM ASSOCIATION, INC.**  
**7515 PELICAN BAY BOULEVARD**  
**NAPLES, FLORIDA 34108**  
**239-594-5030**

UNIT NO. \_\_\_\_\_

**APPLICATION FOR PURCHASE, TRANSFER, LEASE, GIFT, DEVISE OR INHERITANCE APPROVAL**

1. This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
2. If any question is not answered or left blank, this application will be returned, not processed and not approved.
3. Please attach a copy of the sales contract to this application.
4. Please attach non-refundable processing fee of \$100.00 to this application, made payable to the CLARIDGE CONDOMINIUM ASSOCIATION, INC. for each applicant, other than husband/wife or parent/dependent (which is considered one applicant).
5. The completed application must be submitted to the Association office at least 20 days prior to the expected closing date.
6. The Board of Directors may ask for a personal interview prior to final Board approval. Occupancy prior to Board of Directors approval is prohibited.
7. No dogs allowed at any time. No more than one (1) pet allowed.
8. Use of unit is for single family residence only.
9. No commercial vehicles, trucks, boats, trailers, motor homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premise overnight (maximum 4 hours only).
10. The seller (current owner) must provide the purchaser with a copy of all Association Documents and Rules & Regulations; otherwise, you must purchase them from the Association for \$100.00.
11. Purchaser must notify the Association office with the exact date of their closing.
12. Occupancy regulations:  
One bedroom unit – no more than 2 occupants  
Two bedroom unit - no more than 4 occupants  
Three bedroom unit – no more than 6 occupants
13. **Moving of furniture in or out of a unit is not permitted on Saturdays, Sundays or holidays. Hours for moving are from 8:00 AM to 4:00 PM, Monday through Friday.**

<b>MUST PRINT OR TYPE INFORMATION ON THESE FORMS</b>
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Date \_\_\_\_\_ Unit No. \_\_\_\_\_ Closing Date \_\_\_\_\_

Current Owner's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Owner's Present Address \_\_\_\_\_

Name of Realtor Handling Sale \_\_\_\_\_ Tele. No. \_\_\_\_\_

NAME OF Prospective Purchaser (as Title will appear):

a. \_\_\_\_\_ b. \_\_\_\_\_ (Spouse)

MORTGAGE INFORMATION: (If unit will be mortgaged):

Name of Lender \_\_\_\_\_ Tele No. \_\_\_\_\_

Address \_\_\_\_\_

PRIMARY OCCUPANTS (if Unit is owned in Trust or by a corporation or partnership, or if there are co-owners other than husband and wife, or two persons residing together as a single household unit)

Designate no more than two persons as "primary occupants"

\_\_\_\_\_  
Primary Occupant

\_\_\_\_\_  
Primary Occupant

PERSONS who will occupy the unit with you (if any):

<u>Name</u>	<u>Age</u>	<u>Relationship/Occupancy</u>
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_____	_____	_____
_____	_____	_____

Have you ever seasonally resided in Florida before? \_\_\_\_\_ If yes, please name, address and dates of residency: \_\_\_\_\_

If retired, please state the company's name and address retired from and when retired: \_\_\_\_\_

Have you or any proposed occupant ever been convicted of or pled to a crime? \_\_\_\_\_ If yes, please state the date (as), charge(s), disposition(s) and court location(s): \_\_\_\_\_

1. I hereby agree for myself and on behalf of all persons who may use the unit that I seek to Purchase, Transfer, Lease, Gift Devise or Inheritance:
  - a. I will abide by all of the restrictions contained in the Association Documents, Rules & Regulations, and restrictions which are or may in the future be imposed by THE CLARIDGE CONDOMINIUM ASSOCIATION, INC.
  - b. I understand that there is a restriction on pets and that I may not bring a dog, or may any guest or visitor bring a pet into THE CLARIDGE CONDOMINIUM, nor acquire one, either temporarily or permanently after occupancy.
  - c. I understand that when I am not present there are restrictions on the occupancy of the unit by guests and relatives.
  - d. I understand that any violation of the terms, provisions, conditions, and covenants of THE CLARIDGE CONDOMINIUM ASSOCIATION, INC. documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances. I have received a copy of the Association Documents and Rules & Regulations:  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. 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.
3. I understand that the acceptance for Purchase, Transfer, Lease, Devise, or Inheritance at THE CLARIDGE CONDOMINIUM 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 information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board of Directors approval is prohibited.
4. I understand that the Board of Directors of THE CLARIDGE CONDOMINIUM 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 RENTERS REFERENCE OF FLORIDA, INC. 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 THE CLARIDGE CONDOMINIUM ASSOCIATION, INC. itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors.

In making the foregoing application, I am aware that the decision of THE CLARIDGE CONDOMINIUM ASSOCIATION, INC. will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

APPLICANT \_\_\_\_\_ APPLICANT \_\_\_\_\_