THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION, INC.
8990 Bay Colony Drive
Naples, FL 34108
239-594-9000

UNIT_____

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

This Application and the Application for Occupancy / Approval must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).

1. If any question is not answered or left blank, this application will be returned, not processed and not approved.

2. Please attach a copy of the sales contract to this application.

3. Please attach a non-refundable processing fee of $100 to this application, made payable to "The Marquesa at Bay Colony Condominium Association" for each applicant, other than husband/wife or parent/dependent child (which is considered one applicant). Acceptance of the processing fee does not in any way constitute approval of this transaction.

4. The completed application must be submitted to the Association office at least thirty (30) days prior to the expected closing date.

5. Occupancy prior to Board approval is prohibited.

6. No pets allowed in excess of 15 inches in height at maturity. No more than one (1) dog or two (2) cats or two (2) birds allowed at any time.

7. Use of this unit is for single family residence only.

8. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. are permitted to park on the premises overnight. There are two (2) assigned parking spaces available per unit.

9. 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 $25.

10. Occupancy regulations: Two Bedroom Unit – No more than 4 occupants.
    Three Bedroom Unit – No more than 6 occupants.

11. Moving of furniture in or out of a unit is not permitted on Saturday, Sunday or Holidays. Hours for moving are 8:00 – 4:00 Monday – Friday.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Date_____Unit No._____Approximate Closing Date_____

Owner's Name _____Tel #_____

Owner's Present Address_____

Name of Realtor handling Sale_____Tel # _____

_____

Name of Prospective Purchaser (as will appear on Title)

_____

Mortgage Information (If Unit will be mortgaged)

Name of Lender_____Tel #_____

Address_____

Other Persons who will occupy the unit with you:

Name	Age	Relationship/Occupation

Have you ever seasonally resided in Florida before?_____If Yes, please state the address and dates:

_____

_____

If retired, state the company name and address retired from and when retired_____

_____

Have you ever been convicted or pled to a crime? If yes, please state the date(s), charge(s) and disposition(s):_____

_____

In making the foregoing application, I represent to the Board of Directors that the purpose of the Purchase of a unit at The Marquesa at Bay Colony Condominium is as follows:
Permanent Residence_____Seasonal Residence_____Other (Explain)_____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules & Regulations, Association Documents, and restrictions which are or may in the future be imposed by THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION.

I have received a copy of all Association Documents: Yes_____No_____
I have received a copy of the Rules & Regulations Yes_____No_____

I understand that I will be advised by the Board of Directors of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.

If this application is accepted, I will provide the Association with a copy of the Closing Statement and a copy of the recorded Deed within thirty (30) days after closing.

I understand that there is a restriction on pets and that no guests, visitors or tenants may bring a pet into THE MARQUESA AT BAY COLONY CONDOMINIUM nor acquire one, either temporarily or permanently after occupancy.

I understand that there is a restriction on pets and that I may not have a pet that is in excess of 15 inches in height at maturity and that I may not have more than one (1) dog or two (2) cats or two (2) birds.

I understand that the acceptance for purchase of a unit at THE MARQUESA AT BAY COLONY CONDOMINIUM is conditioned in part upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic disqualification of my application. Occupancy prior to Board approval is prohibited.

I understand that the Board of Directors of THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION may cause to be instituted an investigation of my background as they may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and Browns Background Checks, Inc. to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and the Board of Directors, Officers and Manager of THE MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION itself shall be held harmless from any action or claim by me in connection with the use of 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 MARQUESA AT BAY COLONY CONDOMINIUM ASSOCIATION 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_____

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
The Marquesa at Bay Colony Condominium Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

Applicant Name _____ Date of Birth* ____/____/____ Social Security Number _____
***Date of Birth is requested in order to obtain accurate retrieval of records.**
If International please provide Passport Number

Co-Applicants Name _____ Date of Birth ____/____/____ Social Security Number _____
If International please provide Passport Number

Alias/Previous Name(s) _____

Current Physical Address _____ City & State _____ Zip code _____

Notice to CALIFORNIA Applicants
Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE_____ DATE _____

Co-Applicant
SIGNATURE_____ DATE _____

Resident Data Form

Please help us maintain accurate records by providing the Manager's Office with the following information. Please update with any new information. Thank you

Owner Names _____

Unit #: _____ **Phone #:** _____ **E-Mail:** _____

Northern Address: _____
Street Address **Unit/Apt.**

_____
City **State** **Zip Code**

_____
Home Phone **Business Phone** **Cell Phone**

Other Occupants _____
Name **Relationship** **Phone Number**

_____
Name **Relationship** **Phone Number**

_____
Name **Relationship** **Phone Number**

Emergency Contact: _____
Name **Relationship** **Phone Number**

Vehicle Information: _____
Make **Model** **Color** **Tag #**

_____
Make **Model** **Color** **Tag #**

Comments/Special

Instructions: _____

_____

2/19/20