

The Villas of Cross Creek Condominium Association Inc.

Please send all paperwork, payments, etc. to:
c/o P & M Property Management
14360 S. Tamiami Trail #B, Fort Myers, Fl. 339128
Phone (239) 481-1577 / Fax (239) 481-1789

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE CONDOMINIUM UNIT

To: The Board of Directors of The Villas of Cross Creek Condominium Association.

() I (we) hereby apply for approval **to purchase unit** _____ The Villas of Cross Creek Condominium Association, and for membership in the Association. **A copy of the sales contract is attached and Age Verification.**

() I (we) hereby apply for approval **to lease unit** _____ in The Villas of Cross Creek Condominium Association for the period beginning _____, 20____, and ending _____, 20____. **A copy of the proposed lease agreement is attached and Age Verification. NO PETS allowed for Seasonal Rental. One Pet allowed for an Annual Rental with Board approval. The pet must be less than 25 pounds.**

In order to facilitate consideration of this application, I (we) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full Name of Applicant _____ S.S.# _____
2. Full Name of Spouse _____ S.S.# _____
3. Home Address: _____
Home Phone: _____ Work Phone: _____
4. Citizen of U.S.? Self _____ Spouse _____
5. The Association documents of Villas of Cross Creek Condominium Association, Inc. provide an obligation of the unit owners that all apartment units are for single-family residence only. Please state name, relationship and age of all other persons who will be occupying the unit regularly.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Three Personal References (local if possible):
- Name _____ Address _____
 City/State _____ Zip _____ Phone _____
- Name _____ Address _____
 City/State _____ Zip _____ Phone _____
- Name _____ Address _____
 City/State _____ Zip _____ Phone _____

7. Bank Reference: _____

15. Have you ever been convicted of a felony or crime involving violence to persons or property? _____

If so, give full details: _____

9. Person to be notified in case of emergency: _____

Address _____ Phone _____

10. **Pet Occupy the Unit:** 1.Type _____ Weight _____

One Pet allowed under 25 pounds. On Leased Units Pets ARE NOT ALLOWED.

11. Make of Car #1: _____ Year: _____ Tag #: _____ State: _____

Make of Car #2: _____ Year: _____ Tag #: _____ State: _____

12. Mailing address for notices connected with this application:

Name _____ Address _____

City/State _____ Zip _____ Phone _____

13. **This transaction is a sale:** 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. (Please circle the number(s) that apply) **I (we) will provide the Association with a copy of our recorded deed within 10 days of closing.**

14. I am aware of, and agree to abide by the Association Documents of The Villas of Cross Creek Condominium Association, the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.

15. 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 may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Association Documents of The Villas of Cross Creek Condominium Association, the Association's By-Laws, the Florida Condominium Act and the rules and regulations of the Association.

The Association office will advise the prospective purchaser or lessee within a 30 (thirty)-day period from the date of receipt of this application, whether this application has been approved.

Dated _____ Applicant Signature: _____

Closing Date: _____ Applicant Signature: _____

➤ A NON-REFUNDABLE CHECK FOR \$75.00, PAYABLE TO "THE VILLAS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC.", MUST ACCOMPANY THIS APPLICATION, FOR THE PURPOSE OF DEFRAYING COSTS, DIRECTORY UPDATING, AND OTHER EXPENSES RELATED TO THE PROCESSING OF THIS APPLICATION.

APPLICATION APPROVED _____ DISAPPROVED _____

DATE: _____

BY: _____

The Board of Directors

Age Verification Statement

The undersigned Owner hereby acknowledges that **VILLAS OF CROSS CREEK CONDOMINIUM ASSOCIATION INC., OF LEE COUNTY**, has been or is desirous of being designated and is intended to operate as a community meeting exemptions for "Housing for Older Persons" under the Federal and Florida Acts regulating communities of the nature. In order to meet and comply with this exemption, the Association is required to publish its intentions to comply with and adhere to policies and procedures, which demonstrate intent to provide housing for persons 55 years of age or over.

The undersigned Purchaser acknowledges that the Association has the right to require prior age verification from all prospective occupants. Age verification may be in the form of a driver's license, birth certificate, passport, immigration card or military identification.

The undersigned hereby agrees to observe the Restrictions for **VILLAS OF CROSS CREEK CONDOMINIUM ASSOCIATION, INC. OF LEE COUNTY**, its Bylaws and rules and Regulations, and to adhere to the statutory requirements under Federal and Florida Law, as they now exist or may be imposed in the future. Specifically, we will agree to provide proof of age on ourselves and all occupants.

The undersigned hereby states that the following person(s) and their respective ages do now, or will, occupy the unit at the time of closing.

D.O.B. _____ / _____ / _____

D.O.B. _____ / _____ / _____

The undersigned further agrees that the occupant(s) designated herein above will supply a true and correct copy of either a birth certificate or a drivers license or any other acceptable form of age verification of any of the individuals designated herein above as current or prospective occupants. Furthermore, the undersigned hereby further acknowledge and agree that they will complete, when requested by the Association, an annual questionnaire thereby enabling the Association to provide age verification of all prospective occupants within the community from time to time.

DATE: _____

Owner/Purchaser/Tenant _____

Owner/Purchaser/Tenant _____