

**THE TERRACES' APPLICATION FOR APPROVAL TO
PURCHASE A CONDOMINIUM UNIT**

THE TERRACES CONDOMINIUM ASSOCIATION, INC. OF NAPLES
4751 GULF SHORE BLVD NORTH
NAPLES, FLORIDA 34103
239.261.1869
239.261.8457 FACSIMILE
manager@terracescondo.com

To Terraces' Board of Directors:

We (I) hereby apply for approval to purchase unit _____ in The Terraces, a condominium, and for membership in the Terraces Condominium Association. A signed copy of the proposed purchase contract is attached.

A \$150.00 NON- REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.

In order to facilitate consideration of this application, we (I) represent that the following information is factual, true and agree that any falsification or misrepresentation of the facts in this application will justify its disapproval. *(We) consent to the Terraces Condominium Association, Inc. of Naples, or its agents, making such inquiry, in its sole discretion as it may deem proper, and in particular, but not limited to the references given below. Authorization is hereby given to secure credit reports and other background checks in connection with this application. A copy of, or facsimile of this signed application, shall be considered specific authority to any credit bureau or agency to issue reports to The Terraces Condominium Association, Inc. of Naples.*

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Applicant * _____

Full name of Spouse/ CoApplicant* _____

*If title is to be held in name of trustee, corporation, or partnership, the "Primary Occupant" (as defined in Section 4.15 of Declarations) and his/her spouse are to be identified.

Social Security number(s): Applicant (Primary Occupant) _____ Date of birth _____

Spouse/ CoApplicant: _____ Date of birth _____

Home address _____

E-mail addresses _____

Home Phone _____ Mobile phone _____

Citizen of U.S.? Applicant _____ Co-Applicant _____ Citizen of: _____

Nature of Business or Profession _____

If retired, former business or Profession _____

Employer _____

Position held _____

Business Address _____

The Terraces Condominium documents limit unit occupancy to single family residence only. Please state the name, relationship and age of all family members who will be occupying the unit other than periodic family guests.

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

Two personal references (known for at least 3 years) local if possible. Letter of reference from these individuals should be attached to the application.

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Bank References and address: _____

Have you ever been convicted of a crime involving violence to persons or property? If so, give full details _____

Pet: Only the owner is allowed **one** dog or cat which meets the age and size restrictions of the Condominium Documents. If a pet will occupy your unit, please state:

Type: dog _____ cat _____ Breed: _____

Dog's weight _____ height at shoulder _____ Age _____

Pet's veterinary (name, address and phone number):

Person to be notified in case of emergency:

Name and relationship: _____

Address: _____

Phone: _____

Automobile information:

Make of car _____ Year _____ License _____ State _____

Make of car _____ Year _____ License _____ State _____

We (I) are aware of and agree to abide by the Declaration of Condominium of the Terraces, the Articles of Incorporation, By-laws and the Amended Rules and Regulations. We (I) acknowledge receipt of a copy of the Amended Rules & Regulations and Condominium Documents Initial(s) _____.

Non-U.S. Citizens (Individual and Corporate: I hereby agree to submit to the in personam jurisdiction of the Circuit Court of Collier County, Florida, relative to any suit instituted against me by the Terraces incidental to my ownership of Unit _____. I further agree that _____ (name) of _____ (address), Florida, a citizen of the United States and resident of Collier County is appointed my agent for service of process.

Signature (s) _____ Date: _____

On receipt of this application, the Board may make an appointment for a personal interview.

The prospective purchaser will be advised by the Association's manager within 15 days of receipt of all required information whether this application has been approved.

Signature _____ Signature _____

Applicant (printed name)

Applicant (printed name)

Date application received _____ By _____

Date application approved _____ By _____

Consistent with Section 718.111(12)©, Florida Statutes, The Terraces Condominium Association, Inc. of Naples, does not permit access by its members to information obtained in connection with the approval of the lease, sale or other transfer of a unit.