

KEY ROYAL CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR APPROVAL OF PURCHASE

Every person wishing to buy a unit in Key Royal must complete this form. A personal interview will be required as part of this application process. Incomplete applications will be returned. Please print clearly all requested information. Accompanying this application must be: (1) A copy of the Sales Agreement signed by applicant and unit owner and (2) A fee (check or money order) in the amount of \$150.00 payable to Key Royal Condominium Association, Inc.

A minimum of TEN (10) days is required to process an application. This period begins when the application, together with all required attachments, are received in legible condition in the office of the Association Manager of Key Royal Condominiums at the following address:

Key Royal Condominium Association, Inc.
8204 Key Royal Circle
Naples, FL 34119
Phone: 239-304-3266
Fax: 239-304-3270

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TO: Board of Directors, Key Royal Condominium Association, Inc.

FROM: Applicant Buyer(s) _____
Address _____
City _____ State _____ Zip _____ Tel# _____
Date of Births _____ Social Security # _____
Driver's License _____ Drivers License# _____

1.) It is my intention to Buy Unit # _____ at _____ Key Royal Circle/Lane
(circle one) and hereby request membership in the Key Royal Condominium
Association, Inc.

Current Owner of Unit is: _____

2.) The following person(s) will occupy the unit:

| Name | Relationship to Buyer | Age (if minor child) |
|-------|-----------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Is Unit to be Leased? (YES/NO)

Renter/Occupants must be listed in separate lease application.

RENTERS ARE NOT ALLOWED TO HAVE PETS.

3.) The following regulations are listed for your particular attention and require your initials, indicating your full awareness. They will be discussed in the personal interview.

 I understand that I must seek approval by the Association prior to leasing my unit.

 I understand that I must register my vehicles (maximum 2 vehicles per unit).

 I understand that I can keep no more than two house pets, not to exceed a combined weight of a total of 80 pounds.

 I understand that I may lease my condo unit for no less than a THIRTY (30) day term, and no more than FOUR times per year.

 I understand that children must be supervised while they are in the common areas.

4.) I understand and agree that the Association, in the event it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action it deems necessary, including eviction, to prevent violation by lessees and their guest, of provisions of the Document and the Rules and Regulations of the Association.

5.) I acknowledge receipt of a copy of the Declaration of Condominium Articles of Incorporation, By-Laws and Rules and Regulations of Key Royal Condominium Association, Inc. from the seller, and that I have read them and agree to abide by them.

6.) In order to facilitate consideration of this application, I represent that the preceding information is factual and correct, and agree that any falsification or misrepresentation will justify its disapproval. I consent to the further inquiry of the Board of Directors of Key Royal Condominium Association, Inc. and/or its agent.

X _____
Applicant's Signature Date Witness

X _____
Applicant's Signature Date Witness

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Attachments: () Sales Agreement () Application Fee

_____ Approved _____ Disapproved

Board of Directors

_____ Date: _____

_____ Date: _____

_____ Date: _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata client information only)

Company Name: Key Royal Condominium

Contact Name: Eric Valle

Tel#: 239-304-3266 **E-mail:** KeyRoyal@Presidiocondo.com

Type of Screening Requested

Package: 2 **Other Services:** A B C D E F G H I J