



SUNGATE VILLAS AT FOUNTAIN LAKES
CONDOMINIUM ASSOCIATION, INC.

SALES APPLICATION
(Revised 05/2015)

Mail: _____ OR _____ Drop off:

**Sungate Villas at Fountain Lakes COA
Towne Properties
1016 Collier Center Way, Suite 102
Naples, FL 34110
Telephone (239) 596-1031 > Fax (239) 596-1082**

Please submit application at least 20 days prior to closing date.

ATTACH THE FOLLOWING

- Copy of Sales Contract
- Sales Fee \$50.00 payable Towne Properties (Non-refundable)
- Sales Fee \$ 50.00 payable Sungate Villas
- Estoppels : www.HomeWisedocs.com
- Convenience Fee \$50.00 if complete application not received 20 days prior to closing.
- Bank Questionnaire Fee \$100.00 (if applicable)

I (We) hereby apply for approval to purchase: Address: _____

Sungate Villas at Fountain Lakes Condominium Association, Inc.

Closing date _____ Title Company or Attorney: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____
2. Full name of Spouse: _____

3. Home Address: _____

4. Telephone: Home: _____ Work: _____

5. Employer: _____

6. Position Occupied: _____

7. The unit owner's documents of Forest Ridge Homeowners Association, Inc. provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Address: _____ Phone: _____

9. Make of automobile(s) / year / license number: _____

(No commercial or oversized vehicles outside) _____

10. Mailing address for billings and notices connected with this application:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

12. Name of current unit owner: _____ Phone: _____

13. Agent / Company: _____ Phone: _____

14. I am purchasing this unit with the intention to: (Please check one)

() Reside here on a full-time basis () Reside here part-time
() Lease the unit

15. I am aware of and agree to abide by the Community Association Documents and Rules & Regulations. I acknowledge receipt of a copy of the Association rules _____ (**initial here**). (Property owner should provide buyer with the Community Association Documents or they may be obtained through [insert name of County here] County. Town Properties does not provide Association Documents.)

16. 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 may be required, including eviction, to prevent violations by Lessees and their guests, in accordance with the Documents and the Rules and Regulations of the Association.

Applicant Date

Applicant Date

☐ Applicant Approved ☐ Applicant Disapproved

Board Member / Property Management Date

**AUTHORIZATION OF A CONSUMER AND/OR INVESTIGATIVE
CONSUMER REPORT (PURCHASE)**

I, the undersigned consumer, do hereby authorize Fidelity Data Service to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of tenancy. These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record. I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Fidelity Data Service by and through its' independent contractor, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources. I further authorize the Home Owners Association, Condominium Association or Cooperative Association to share a copy of this investigative report with the Owner (landlord), if requested, for their review on a confidential basis in order for them to determine my suitability as a renter. I understand that they will only review the investigative report and will not be given the report either in whole or in part. I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Fidelity Data Service, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq. and Cal. Civ. Code § 1786.

Signature: _____

Print Name: _____ Date: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING
AGENCY**

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER & STATE

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX **CITY** **STATE** **ZIP**

DATES LIVED HERE _____

STREET/P.O. BOX **CITY** **STATE** **ZIP**

DATES LIVED HERE _____

APPLICATION FOR TRANSFER OF OWNERSHIP

THIS FORM **MUST** BE EXECUTED PRIOR TO CLOSING AND BE ACCOMPANIED BY A COPY OF APPLICANT(S) DRIVER'S LICENSE

Name of Association: _____

Date: _____

Name(s) of all to appear on deed: _____

Other Occupants: _____	(Name)	(Age)	(Relationship)
_____	(Name)	(Age)	(Relationship)
_____	(Name)	(Age)	(Relationship)

Street Address of property _____

Closing Date: _____

Current Address of buyer: _____

Current Phone number of buyer: _____

New Phone number of buyer: _____

Email Address: _____

Mailing address after closing will be: _____

Have any future residents of this property, be it owner or tenant, ever been charged or convicted of a felony? _____ Yes _____ No

If yes, please provide details:

Date of Conviction: _____ Convicted in State of _____

In order to facilitate consideration of this application, I (we) represent that all information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.

By: _____
Applicant Signature

By: _____
Applicant Signature

PLEASE FORWARD TO:

Towne Properties
1016 Collier Center Way, Ste. 102
Naples, FL 34110
Phone: 239-596-1031 Fax: 239-596-1082