

**VANDERBILT TOWERS OF NAPLES, INC., UNIT II**

**3 BLUEBILL AVENUE  
NAPLES, FLORIDA 34108  
(941) 597-3174**

APT. \_\_\_\_\_

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

- 1 - This application, an application for approval, and authorization forms must be completed in detail by each proposed adult occupant, other than husband/wife or parent/dependent child (which is considered one applicant).
- 2 - If any question is not answered or left blank, this application will be returned, not processed and not approved.
- 3 - Please attach a copy of the sales contract to this application.
- 4 - Please attach a non-refundable processing fee of \$ **100.00** to this application, made payable to **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** 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.
- 5 - The completed application must be submitted to the Association office at least 14 days prior to the expected closing date.
- 6 - All applicants must make themselves available for a personal interview prior to final Board of Directors approval. Occupancy prior to Board approval is prohibited.
- 7 - No pets allowed at any time.
- 8 - Use of this apartment is for single family residence only. No corporation, company, partnership, or trust may purchase an apartment.
- 9 - No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, mopeds, etc. permitted to park on the premises overnight.
- 10 - 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 \$\_\_\_\_\_.
- 11 - Purchaser must notify the Association office with the exact date of their closing.
- 12 - Occupancy regulations:
  - Efficiency – no more than 3 occupants.
  - One bedroom apartment - no more than 4 occupants.
  - Two bedroom apartment - no more than 5 occupants.
  - Three bedroom apartment - no more than 7 occupants.
- 13 - Moving of furniture in or out of an apartment is not permitted on Sundays or Holidays. Hours for moving are from 8:30 A.M. to 4:00 P.M., Monday through Saturday.

**MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS**

Date \_\_\_\_\_ Apt. No. \_\_\_\_\_ Approx. Closing Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Owner's Present Address \_\_\_\_\_

Name of Realtor Handling Sale \_\_\_\_\_ Tele. No. \_\_\_\_\_

NAME of Prospective Purchaser (as Title will appear):

a. \_\_\_\_\_ b. \_\_\_\_\_ (Spouse)

MORTGAGE INFORMATION: (If unit will be mortgaged):

Name of Lender \_\_\_\_\_ Tele. No. \_\_\_\_\_

Address \_\_\_\_\_

(CONTINUED ON BACK)

OTHER PERSONS who will occupy the apartment with you:

Name

Age

Relationship / Occupation

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Have you ever seasonally resided in Florida before? \_\_\_\_ If yes, please state the name, address and dates of residency:

If retired, please state the company's 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):

1. In making the foregoing application, I represent to the Board of Directors that the purpose for the Purchase of an apartment at **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** is as follows:

Permanent Residence \_\_\_\_ Seasonal Residence \_\_\_\_ Other (Explain) \_\_\_\_\_

2. I hereby agree for myself and on behalf of all persons who may use the apartment which I seek to purchase that I will abide by all of the restrictions contained in the Bylaws, Rules and Regulations, Association Documents, and restrictions which are or may in the future be imposed by the **VANDERBILT TOWERS OF NAPLES, INC., UNIT II**.

3. I have received a copy of all Association Documents: Yes \_\_\_\_ No \_\_\_\_  
I have received a copy of the Rules & Regulations: Yes \_\_\_\_ No \_\_\_\_

4. 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.

5. 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 \_\_\_\_ days after closing.

6. I understand that there is a restriction on pets and that I may not bring a pet, nor may any guest, visitor or tenant bring a pet into **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** nor acquire one, either temporarily or permanently after occupancy.

7. I understand that the acceptance for purchase of an apartment at **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** 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 of Directors approval is prohibited.

8. I understand that the Board of Directors of **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors, Management and RENTERS REFERENCE OF FLORIDA to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of the **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** itself shall be held harmless from any action or claim by me in connection with the use of the 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 **VANDERBILT TOWERS OF NAPLES, INC., UNIT II** 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 \_\_\_\_\_

**INSTRUCTIONS:**

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6- Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL**

**PRINT OR TYPE (Use Black Ink)**

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

<small>Name</small>	<small>Address</small>	<small>Telephone</small>
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**PRINT OR TYPE (Use Black Ink)**

**RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_

(Street Address, Apt No., City, State, Zip)

Name of Apt. /Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)**

**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from)

How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

(Continued on Back)

**PRINT OR TYPE (Use Black Ink)**

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Renter Reference of Florida may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_