

ADDISON PLACE HOMEOWNERS ASSOCIATION, INC.

c/o KMA Company, PO Box 111802, Naples, Fl. 34108

**SALES / RENTAL APPLICATION FORM**

Please submit application and \$100 application fee at least 20 days prior to occupancy

In addition to whatever maintenance fees may be owed to the Association, with regard to a SALE, \$300 is to be paid, at closing, to Addison Place HOA (Capital Contribution Fee).

( ) I/WE HEREBY APPLY FOR PURCHASE OF \_\_\_\_\_ ADDISON PLACE CT. AND FOR MEMBERSHIP IN ADDISON PLACE HOMEOWNERS ASSOCIATION. CLOSING DATE \_\_\_\_\_. TITLE COMPANY OR ATTORNEY:\_\_\_\_\_. A COPY OF THE SALES CONTRACT IS ATTACHED.

\* ( ) I/WE HEREBY APPLY FOR APPROVAL TO LEASE \_\_\_\_\_ ADDISON PLACE COURT ADDISON PLACE HOMEOWNERS ASSOCIATION FOR THE PERIOD BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_. A COPY OF THE PROPOSED LEASE IS ATTACHED.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

1. FULL NAME OF APPLICANT

2. FULL NAME OF SPOUSE

3. HOME ADDRESS

4. TELEPHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

5. EMAIL ADDRESS

6. EMPLOYER

7. POSITION OCCUPIED

8. THE HOMEOWNERS DOCUMENTS OF ADDISON PLACE HOMEOWNERS ASSOCIATION PROVIDE AN OBLIGATION FOR 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
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THREE LETTERS OF PERSONAL REFERENCES MUST BE ATTACHED. LIST NAMES & ADDRESSES. (LOCAL IF POSSIBLE):

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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9. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY  
ADDRESS PHONE

10. MAKE OF AUTOMOBILE(S) / YEAR / LICENSE NUMBER

11. MAILING ADDRESS FOR BILLINGS AND NOTICES CONNECTED WITH THIS APPLICATION: NAME ADDRESS  
CITY /STATE ZIP PHONE

12. NAME OF CURRENT UNIT OWNER PHONE

13. RENTAL AGENT/COMPANY PHONE

14. IF THIS TRANSACTION IS A SALE: I AM PURCHASING THIS UNIT WITH THE INTENTION TO: (PLEASE CHECK ONE)

- RESIDE HERE ON A FULL-TIME BASIS
- RESIDE HERE PART-TIME
- LEASE UNIT

15. I AM AWARE OF AND AGREE TO ABIDE BY THE HOMEOWNERS ASSOCIATION DOCUMENTS / RULES & REGULATIONS. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION RULES AND REGULATIONS. (INITIAL). SELLER IS TO PROVIDE THE ASSOCIATION DOCUMENTS, THEY CAN BE PURCHASED AT **THE FUND** 774-2627/800-526-3855, OR CAN BE FOUND ONLINE AT THE LEE COUNTY CLERK OF COURTS WEBSITE. ADDISON HOA *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. THIS WILL INCLUDE EVICTION AND TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF THE PROVISIONS OF THE GOVERNING DOCUMENTS / THE RULES & REGULATIONS OF THE ASSOCIATION. **NO UNIT MAY BE LEASED MORE THAN ONE (1) TIME PER YEAR FOR NO LESS THAN 30 DAYS.**

APPLICANT DATE APPLICANT DATE

APPLICANT APPROVED DATE  APPLICANT DISAPPROVED DATE

ASSOCIATION PRESIDENT / BOARD MEMBER DATE

\_\_\_\_\_

DATE

ASSOCIATION PRESIDENT/BOARD MEMBER

- \*There is a \$100 fee which must be paid to The Colony (CCR) to cover cost of the daily continental breakfast at the Club.