

WILSHIRE PINES I CONDOMINIUM ASSOCIATION, INC.

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

SALES / RENTAL APPLICATION FORM

Please submit application and \$150 application fee at least 20 days prior to occupancy

() I/WE HEREBY APPLY FOR PURCHASE OF _____ WILSHIRE PINES CIR. AND FOR MEMBERSHIP IN WILSHIRE PINES I CONDOMINIUM ASSOCIATION.

CLOSING DATE _____. TITLE COMPANY OR ATTORNEY: _____. A COPY OF THE SALES CONTRACT IS ATTACHED. **[NO PETS OVER 45 LBS.]**

() I/WE HEREBY APPLY FOR APPROVAL TO LEASE _____ WILSHIRE PINES CIR. IN WILSHIRE PINES I CONDOMINIUM ASSOCIATION FOR THE PERIOD BEGINNING _____ AND ENDING _____. A COPY OF THE PROPOSED LEASE IS ATTACHED. [NO PETS ALLOWED BY LESSEES]

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 GOVERNING DOCUMENTS OF WILSHIRE PINES I CONDOMINIUM 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
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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 (Minimum occupancy is 30 days and unit can not be leased more than 4 times per year)

15. I AM AWARE OF AND AGREE TO ABIDE BY THE CONDOMINIUM ASSOCIATION DOCUMENTS / RULES & REGULATIONS. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION RULES AND REGULATIONS. (INITIAL). SELLER IS TO PROVIDE THE ASSOCIATION DOCUMENTS OR THEY CAN BE PURCHASED AT **THE FUND** 774-2627/800-526-3855. *KMA 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 COMMERCIAL VEHICLES / TRUCKS
ALL VEHICLES MUST OBSERVE POSTED SPEED LIMITS
PARKING ALLOWED IN DESIGNATED AREAS ONLY*

APPLICANT DATE APPLICANT DATE

APPLICANT APPROVED DATE APPLICANT DISAPPROVED DATE

ASSOCIATION PRESIDENT / BOARD MEMBER DATE

- No application will be approved unless completely filled out.
- Failure to abide by this application and the Governing Documents / Rules & Regulations will result in the Association taking whatever action, against the unit owner, it deems necessary up to and including involving an Attorney.