

EBB TIDE CONDOMINIUM ASSOCIATION, INC.

871 Collier Ct.
Marco Island, FL 34145

APPLICATION FOR APPROVAL TO PURCHASE/LEASE

In order to process this application, the following items are required:

1. A signed copy of this completed application
2. **Non-refundable application fee payable to Ebb Tide Condominium.** Fee is \$100 per residing applicant (other than husband/wife or parent/dependent child which are considered an applicant). **This fee does not apply to lease renewals.**
3. **A clear copy of photo IDs for all occupants over 18 years of age** (driver's license, passport). Faxed copies of poor clarity are not acceptable.
4. A fully executed copy of the sales contract or lease agreement (3 month minimum).
5. Pre-purchase/lease interview with a Board of Director, who is not the owner of the unit being sold or leased, is required by Association.
6. **Return Application Package and your check to your realtor and have both forwarded to the President of the Ebb Tide Condominium at least 20 days prior to closing or lease occupancy.**

Property Address: **871 Collier Ct. Marco Island, Florida 34145** Unit _____
Seller/Owner Name: _____ Closing Date: _____

Lease Start Date: _____ Lease End Date : _____

I/We apply for approval to purchase the above property/unit.

I/We apply for approval to lease the above property/unit.

I/We represent that the following information is complete and true, and agree that any misrepresentation in this application will justify automatic rejection. I/We consent to additional inquiry concerning this application, and if requested, will agree to an appearance before the Board of Directors for further questions.

Applicant #1

Name: _____ Soc Sec # _____ D.O.B _____

Current Address: _____ State _____ Zip: _____

Phone: _____ Email _____

Drivers License # _____

Employer and Profession: (Even if retired) _____

Have you ever been convicted of a felony? YES NO

If so, for what? _____

Have you ever been convicted for being under the influence, or dealing in drugs? YES NO

If so, for what? _____

Applicant #2 Are you the spouse of Applicant #1 Yes NO

Name: _____ Soc Sec # _____ D.O.B _____

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Phone: _____ Email _____

Drivers License # _____

Employer and Profession: (Even if retired) _____

Have you ever been convicted of a felony? () YES () NO

If so, for what? _____

Have you ever been convicted for being under the influence, or dealing in drugs? () YES () NO

If so, for what? _____

The Association Documents allow for Single Family residence only. State the name, relationship and ages of all other persons who will be occupying the unit regularly.

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

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

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

VEHICLE INFORMATION:

Vehicle #1 _____ Color _____ Year _____ Tag # _____ State _____

Vehicle #2 _____ Color _____ Year _____ Tag # _____ State _____

Maximum 2 Vehicles permitted per unit. NO Commercial Trucks are allowed. Oversized vehicles must be parked in the garage at all times.

PET INFORMATION: One domestic pet (cat/dog/fish) less than 20 pounds when mature is permitted. (A copy of current veterinary records must be submitted.)

Type of Pet _____ **Breed** _____ **Weight** _____ **Age** _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone # _____

PERSONAL REFERENCES (local if possible, no relatives or individuals connected to this transaction)

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APPLICATION FOR APPROVAL TO PURCHASE/LEASE

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

Name _____ Phone # _____
Address _____ City _____ State _____ Zip _____

Realtor/Leasing Agent _____ Phone # _____

Real Estate Company _____ Address _____

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS ON THIS APPLICATION.

I/WE AGREE AND AM AWARE THAT A CRIMINAL BACKGROUND CHECK/CHECKS MAY BE DONE AT THE DISCRETION AND COST OF THE BOARD.

I/We have received and agree to abide by ALL Condominium Documents including the Rules and Regulations of the Association.

Applicant 1 Signature _____ Date _____

Applicant 2 Signature _____ Date _____

Application Approved: _____ Application Denied: _____

Approval by Board Member or Designated Agent _____ Date _____

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