

**FAIRWAYS II AT MARCO SHORES CONDOMINIUM ASSOCIATION**  
**PURCHASE APPLICATION**

Return to: FAIRWAYS II AT MARCO CONDOMINIUM ASSOCIATION  
C/O Spinnaker Cay Management  
PO Box 2397 Marco Island, FL 34146  
Office: (239) 642-8872

I (we) apply for approval to purchase Unit # \_\_\_\_\_ at Fairways II at Marco Shores Condominium Association and have submitted the following:

- a. A signed copy of the sales contract.
- b. A non-refundable check for \$150 payable in two (2) checks (\$100 to Spinnaker Cay, \$100 to Fairways II)
- c. A non-refundable check for \$75 payable to Spinnaker Cay for the issuing of a Certificate of Approval of Sale
- d. A **completely** filled out application form (partially completed form **will not be considered.**)
- e. Island Eyes Background Authorization Form
- f. Three letters of reference.

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

**1<sup>ST</sup> Owner Applicant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS#** \_\_\_\_\_

**Current Home Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

**Current (or former if retired) Employer:** \_\_\_\_\_ **Type of work:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_ **Tel. Number:** \_\_\_\_\_

**Length of time in Position:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_ **Monthly Income:** \_\_\_\_\_

**Other Sources of Income:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **When Received:** \_\_\_\_\_

**Citizen of U. S.?** Yes \_\_\_ No \_\_\_ If not, submit document copy.

**Make of Car:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **License No.** \_\_\_\_\_ **State:** \_\_\_\_\_

Second Car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

2<sup>nd</sup> Owner Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Current (or former if retired) Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Tel. Number: \_\_\_\_\_

Length of time in position: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_ Amount: \_\_\_\_\_ When Received: \_\_\_\_\_

Citizen of U. S.? Yes \_\_\_\_\_ No \_\_\_\_\_ If not submit document copy.

Make of Car: \_\_\_\_\_ Year: \_\_\_\_\_ License No: \_\_\_\_\_ State: \_\_\_\_\_

**List Your Bank and Credit References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Account Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_ Account Number: \_\_\_\_\_

**List the names and relationship of all persons who will occupy your unit in addition to the applicants above. Any person over the age of 18 will be required to submit a photo i.d. as well as submit a \$50.00 fee for processing background and/or criminal check.**

NAME	RELATIONSHIP	AGE
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Complete if you have a pet staying in the unit (only one per unit). **No pets allowed for renters.**

Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight at Maturity: \_\_\_\_\_ (Max. 25 lbs)

**List and return with application** three (3) personal reference letters from persons you have known for over one year and **are not** related to nor a party to this sale.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes", give details.

In case of emergency notify: \_\_\_\_\_ Tel. No: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

I am purchasing this unit with the intention to:

- Reside in the unit full time                       Reside in the unit part time  
 As an investment, not living in unit                       Part time in unit, lease out other times

Any litigation (evictions, suits, judgments, bankruptcies, foreclosures, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details and dates \_\_\_\_\_

**Car registration stickers are required. Unregistered vehicles will be towed. Cost of towing and storage is the responsibility of the car owner.**

**I have received, read and agree to abide to the Declaration, By-laws, Amendments, Articles of Incorporation, and the Rules and Regulations of Fairways II at Marco Shores Condominium Association.**

**I (we) understand in the event that the unit is leased/rented that I will be required to submit a completely filled out application, with references, and fees accordingly to lease application to the Board of Directors thirty (30) days prior to the rental taking place. I understand that renters and guests are not permitted to have ANY pets in the unit, lanais and patios are to be kept free of clutter, and nothing is to be affixed to the outside of the building.**

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessee and their guests.

The prospective purchaser(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

The purchaser(s) will be advised by Association Management whether this application is approved within a 21 day period from the date of receipt of this completed application, fee and reference letters and a copy of the sale contract.

**I (we) have read, understand and agree to all of the statements above.**

**First Owner Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Second Owner Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_**