

**APPLICATION FOR APPROVAL TO  
PURCHASE OR LEASE CONDOMINIUM UNIT**

(Please check appropriate box.)

[ ] I hereby apply for approval to purchase unit \_\_\_\_\_ in ARDISSONE, a condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached.

[ ] I hereby apply for approval to lease unit \_\_\_\_\_ in ARDISSONE, a Condominium, for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_. A complete copy of the signed lease is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Applicant \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Home

(     ) \_\_\_\_\_ Cell

Email Address \_\_\_\_\_

Full name of Spouse \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Home

(     ) \_\_\_\_\_ Cell

Email Address \_\_\_\_\_

Current Address \_\_\_\_\_

Nature of Business or Profession: \_\_\_\_\_

If retired, former business or profession: \_\_\_\_\_

Company or Firm name: \_\_\_\_\_

Business address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

The condominium documents of ARDISSONE, a Condominium, require that all units are to be used as single family residence only. Please state the names and relationships of all other persons who will be occupying the unit on a regular basis.

Name of current or most recent landlord: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

Two personal references (local if possible)

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

Two credit references (local if possible)

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

Account Number: \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

Account Number: \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

Vehicle(s) to be kept at the condominium:

Year: \_\_\_\_\_ License No: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ License No: \_\_\_\_\_ State: \_\_\_\_\_

Mailing address for notices connected with this application:

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone:(        ) \_\_\_\_\_

***Please check the box next to the number that applies***

If this transaction is a sale - I am purchasing this unit with the intention to:

- ☐ (1) reside here on a full-time basis  
☐ (2) reside here part-time  
☐ (3) lease the unit

I (We) will provide the Association with a copy of our recorded deed within ten days after closing.

***If you have pets***, please review Section 12.6 of the Declaration of Condominium which provides rules and restrictions for pet owners.

I (We) am aware of and agree to abide by the Declaration of Condominium of ARDISSONE, a Condominium, the Articles of Incorporation, Bylaws and any and all properly promulgated Rules and Regulations; I acknowledge receipt of a copy of the Association Rules.

I (We) 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, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of ARDISSONE, a Condominium, the Association's Bylaws, and the Rules and Regulations of the Association.

The prospective purchaser or lessee will be advised by the Association office within a 30-day period (10 days for leases) from the date of application of whether this application has been approved.

**Please include the following:**

- ☐ A Copy of lease/sales contract
- ☐ Applicants drivers license 18 and older
- ☐ A Non-Refundable check or money order for application fee of \$75 made payable to Ardissonne
- ☐ A Non-refundable check or money order for processing fee of \$75 made payable to ADG4 Properties per applicant 18 years or older or per married couple (if different last name must provide marriage license)

DATE: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant: \_\_\_\_\_

APPLICATION APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_ (Officer or Director)

We would like to update Ardisone Condominium Association records. Please complete the information requested below and return it to our Office. Florida Statute for Condominiums states for owner information to be included in a published directory the below authorization must be completed, signed and dated. **If we do not receive a signed form, your information will not be included in the next directory update.** Thank you.

Name \_\_\_\_\_

Naples \_\_\_\_\_ Unit No. \_\_\_\_\_

Northern/Other Address \_\_\_\_\_

Naples Tel. \_\_\_\_\_ Business Tel. \_\_\_\_\_

Northern Tel. \_\_\_\_\_ Email address \_\_\_\_\_

Emergency/Other Contact (When not in residence) \_\_\_\_\_

### **REQUEST AND AUTHORIZATION TO BE LISTED IN ASSOCIATION OWNER DIRECTORY**

I/We the undersigned Owners of Unit \_\_\_\_\_ in Ardisone Condominium Association, hereby authorize our name, address, email address and telephone number to be published in the Association owner directory. I/We understand that the directory will be distributed to all Owners.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name