

QUAIL CROSSING PROPERTY OWNERS ASSOCIATION, INC.

C/O Paramount Property Management
5629 Strand Blvd. #412
Naples FL 34110
239-734-3200

SALE / TITLE TRANSFER APPLICATION

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND WILL BE
RETURNED TO THE APPLICANT.**

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION.

NOTE: Please send one-sided documents. There will be a fee of \$0.35 per page for two-sided documents.

- _____ COPY OF THE SALE / TITLE TRANSFER CONTRACT/AGREEMENT
- _____ COMPLETED AND SIGNED APPLICATION
- _____ **Three written and signed reference letters ((Sale agents, relatives, employers, or bankers are not acceptable.)**
- _____ A non-refundable \$50.00 CHECK MADE PAYABLE TO: QUAIL CROSSING POA, INC.
CHECK NUMBER _____
- _____ A non-refundable \$100.00 CHECK MADE PAYABLE TO: PARAMONT PROPERTY
MANAGEMENT
CHECK NUMBER _____
- _____ \$50 PER ADULT OVER THE AGE OF 18 OCCUPYING UNIT FOR BACKGROUND
CHECK MADE PAYABLE TO: PARAMONT PROPERTY MANAGEMENT.
CHECK NUMBER _____

NOTE: Canadian is \$105.00; England is \$105; Germany is \$185; France is \$215; Switzerland is \$240; Netherlands is \$185 per person. A copy of Passport Page with Passport # is required.

Unit Owner Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Realtor Signature

Date

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**Please submit complete application and required fee(s)
at least 20 days PRIOR to occupancy.**

() I/WE HEREBY APPLY TO PURCHASE THE HOME AT _____ IBIS WAY, UNIT _____ OR _____
RAVEN WAY, UNIT _____ AND FOR MEMBERSHIP IN QUAIL CROSSING PROPERTY OWNERS ASSOCIATION.
CLOSING DATE: _____, TITLE COMPANY OR ATTORNEY: _____.

A COPY OF THE SALES / TITLE TRANSFER AGREEMENT / CONTRACT IS ATTACHED.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

FULL NAME OF APPLICANT #1: _____

- 1) HOME ADDRESS: _____
2) TELEPHONE: HOME _____ WORK _____ CELL _____
3) EMAIL ADDRESS: _____
4) EMPLOYER: _____
 a. ADDRESS: _____
5) POSITION OCCUPIED _____

FULL NAME OF APPLICANT #2: _____

- 6) HOME ADDRESS: _____
7) TELEPHONE: HOME _____ WORK _____ CELL _____
8) EMAIL ADDRESS: _____
9) EMPLOYER: _____
 a. ADDRESS: _____
10) POSITION OCCUPIED: _____

- 11) THE HOMEOWNERS DOCUMENTS OF QUAIL CROSSING PROPERTY OWNERS ASSOCIATION PROVIDE AN
OBLIGATION FOR THE 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THREE **WRITTEN** LETTERS OF PERSONAL REFERENCES **MUST BE ATTACHED**. LIST NAMES & ADDRESSES. (LOCAL IF POSSIBLE) (Sale agents, employee, relative, or banker not acceptable.)

NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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12) PERSON TO BE NOTIFIED IN CASE OF EMERGENCY; _____
ADDRESS: _____
PHONE NUMBER _____

13) MAKE OF AUTOMOBILE(S) YEAR LICENSE NUMBER

14) MAILING ADDRESS FOR BILLING AND NOTICES CONNECTED WITH THIS APPLICATION:

NAME _____
ADDRESS _____
PHONE NUMBER _____

15) NAME OF CURRENT OWNER: _____

PHONE NUMBER: _____

16) RENTAL AGENT/COMPANY: _____

PHONE NUMBER: _____

17) I (WE) PURCHASE / TRANSFER TITLE THIS UNIT WITH THE INTENTION TO

PLEASE CHECK ONE:

() RESIDE HERE ON A FULL-TIME BASIS

() RESIDE HERE PART-TIME

() LEASE UNIT

18) Billing Address

INFORMATION REGARDING NEW OCCUPANTS

In accordance with the Declaration of Condominium, the applicant(s) represents that the following information is true and correct and consents to further investigation (**CRIMINAL BACKGROUND CHECK**) concerning this information that may be necessary for approval of the request. I/We hereby consent to the Association obtaining Social Security number provided for that purpose. Please note that a criminal background check must be done for all adults occupying villa.

NAME (PRINT) _____ Date of Birth _____

NAME (PRINT) _____ Date of Birth _____

NAME (PRINT) _____ Date of Birth _____

NAME (PRINT) _____ Date of Birth _____

List all children (under 18) residing with you:

NAME (PRINT) _____ Age _____ Relationship _____

NAME (PRINT) _____ Age _____ Relationship _____

NAME (PRINT) _____ Age _____ Relationship _____

1. Present/Permanent address _____

2. How long have you lived at this address? _____

3. If less than 2 years, please give previous address _____

4. Telephone number(s) _____

5. Your business or employer _____

Address _____ Occupation _____

6. Make of car(s) _____ Year _____ License # _____ State _____

_____ Year _____ License # _____ State _____

7. List two previous landlords and/or associations and phone numbers:

SIGNATURE OF OCCUPANT(S)

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

- 19) 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 & REGULATIONS. (INITIAL) _____
SELLER IS TO PROVIDE THE ASSOCIATION DOCUMENTS OR THEY CAN BE PURCHASE THROUGH A TITLE COMPANY. PARAMONT PROPERTY MANAGEMENT DOES NOT PROVIDE ASSOCIATION DOCUMENTS.
- 20) 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 MIGHT BE REQUIRED. THIS WILL INCLUDE EVICTION AND TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF THE PROVISIONS OF THE GOVERNING DOCUMENTS RULES & REGULATIONS OF THE ASSOCIATION.

NO UNIT MAY BE LEASED MORE THAN ONE (1) TIME PER CALENDAR YEAR WITH A MINIMUM OF A LEASE TERM OF SIX (6) MONTHS. (INITIAL) _____ (INITIAL) _____

APPLICANT(S) SIGNATURE:

_____ DATE: _____

_____ DATE: _____

CURRENT OWNER(S) SIGNATURE:

_____ DATE: _____

_____ DATE: _____

THE BOARD OF DIRECTORS HAVE () APPROVED APPLICANT () DISAPPROVED APPLICANT

ASSOCIATION PRESIDENT/BOARD MEMBER

DATE

BOARD MEMBER/ASSOCIATION REPRESENTATIVE

DATE