

Park Shore Landings

CONDOMINIUM ASSOCIATION

c/o NextGen Community Management
9410 Corkscrew Palms Cir #201 Estero, FL 33928
PH: (239) 372-2996 | Email: office@nextgcm.com

APPLICATION FOR SALE APPROVAL

SUBMIT APPLICATION AT LEAST 20 DAYS PRIOR TO CLOSING.

Any application submitted less than 20 business days prior to the closing may have their closing delayed. Applicants may not close until the Association has tendered official review of their purchase, and further, moving in prematurely constitutes a ground for disapproval.

MUST INCLUDE:

- COMPLETED APPLICATION (separate applications must be completed for co-applicants (excludes married couples)).
- COPY OF EXECUTED PURCHASE CONTRACT
- \$150.00 NON-REFUNDABLE PROCESSING FEE MADE PAYABLE TO NEXTGEN COMMUNITY MANAGEMENT (\$150 per applicant if not married)
- \$75.00 NON-REFUNDABLE BACKGROUND CHECK FEE MADE PAYABLE TO NEXTGEN COMMUNITY MANAGEMENT (PER OCCUPANT OVER THE AGE OF 18) **Out of Country background fee \$120**
- \$100 NON-REFUNDABLE APPLICATION FEE MADE PAYABLE TO PARK SHORE LANDINGS CONDO ASSOC.
- PET REGISTRATION FORM (if no pets, check box and sign)
- 3 Personal REFERENCE LETTERS (Realtors may not be used as references)

(Seller – ESTOPPEL REQUEST THROUGH ESTOPPELS.COM at www.estoppels.com)

(Buyer – Consent to Transfer fee of \$150 will be collected at closing)

*****Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. All fees are non-refundable. *****

Date _____ Date of Closing _____

Address of Unit Being Purchased _____

Purchaser Information:

Number of people to occupy unit _____

Applicant _____ **Contact Phone #** _____

E-mail _____

Applicant _____ **Contact Phone #** _____

E-mail _____

I wish to opt in to receive email communication from the Management office with the email address you have provided above.

Opt In: _____ Opt Out: _____ **You can opt out at any time through the email service provider.

Occupant(s)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____



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Indicate Use: Permanent Residence _____ Investment _____ Seasonal Residence _____ Lease Unit _____
Other (Specify) _____

Vehicles:

Make/Model: _____ License Plate: _____ Year: _____ Color: _____

Make/Model: _____ License Plate: _____ Year: _____ Color: _____

Name of Current Owner _____

Name of Closing Agent (if any) _____

Agent Contact Info _____

Name of Title Company _____

Agent Contact Info _____

In case of Emergency Notify:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Mailing Address After Closing: _____

The Managers and Members of the Board of Directors are available to answer any questions regarding the Governing Documents and Rules & Regulations that govern the Association. If you have any questions, please contact us prior to signing this application for occupancy.

_____ Initial _____ Initial I have received, read understand and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of PARK SHORE LANDINGS CONDOMINIUM ASSOCIATION, INC.

_____ Initial _____ Initial I/we understand, in the event that the unit is leased/rented that I will be required to submit a completely filled out lease application, a nonrefundable fee for \$150.00 to NextGen Community Management (20) days prior to the lease taking place.

_____ Initial _____ Initial 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 Documents and the Rules and Regulations of the Association.

I/We certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void.

As required by law, this information is kept strictly confidential.

Applicant Signature: _____

Applicant Signature: _____



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Pet Registration Form

One dog or one cat no more than (20) twenty pounds or less or not more than 2 birds.

_____ I DO NOT HAVE A PET AT THIS TIME

I understand that falsification of information or failure to register my pet will result in action regarding rules violations by the Board. I further understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property.

Owner: _____

Address: _____

Home # _____ Cell # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Weight at Maturity: _____

Name of Pet(s): _____

Attach a copy of immunization record & photo of your pet.

Signature of Owner

Date



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DISCLOSURE SUMMARY

1. AS A PURCHASER OF PROPERTY IN THIS COMMUNITY, YOU WILL BE OBLIGATED TO BE A MEMBER OF A HOMEOWNER'S ASSOCIATION.
2. THERE HAVE BEEN OR WILL BE RECORDED RESTRICTIVE COVENANTS GOVERNING THE USE AND OCCUPANCY OF PROPERTIES IN THIS COMMUNITY.
3. YOU WILL BE OBLIGATED TO PAY ASSESSMENTS TO THE ASSOCIATION. ASSESSMENTS MAY BE SUBJECT TO PERIODIC CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$ 336.00 PER QUARTER. YOU WILL ALSO BE OBLIGATED TO PAY ANY SPECIAL ASSESSMENTS IMPOSED BY THE ASSOCIATION. SUCH SPECIAL ASSESSMENTS MAY BE SUBJECT TO CHANGE. IF APPLICABLE, THE CURRENT AMOUNT IS \$ PER.
4. YOU MAY BE OBLIGATED TO PAY SPECIAL ASSESSMENTS TO THE RESPECTIVE MUNICIPALITY, COUNTY, OR SPECIAL DISTRICT. ALL ASSESSMENTS ARE SUBJECT TO PERIODIC CHANGE.
5. YOUR FAILURE TO PAY SPECIAL ASSESSMENTS OR ASSESSMENTS LEVIED BY A MANDATORY HOMEOWNERS' ASSOCIATION COULD RESULT IN A LIEN ON YOUR PROPERTY. THERE MAY BE AN OBLIGATION TO PAY RENT OR LAND USE FEES FOR RECREATIONAL OR OTHER COMMONLY USED FACILITIES AS AN OBLIGATION OF MEMBERSHIP IN THE HOMEOWNERS' ASSOCIATION. IF APPLICABLE, THE CURRENT AMOUNT IS \$0.00 PER.
6. THE DEVELOPER MAY HAVE THE RIGHT TO AMEND THE RESTRICTIVE COVENANTS WITHOUT THE APPROVAL OF THE ASSOCIATION MEMBERSHIP OR THE APPROVAL OF THE PARCEL OWNERS.
7. THE STATEMENTS CONTAINED IN THIS DISCLOSURE FORM ARE ONLY SUMMARY IN NATURE, AND, AS A PROSPECTIVE PURCHASER, YOU SHOULD REFER TO THE COVENANTS AND THE ASSOCIATION GOVERNING DOCUMENTS BEFORE PURCHASING PROPERTY.
8. THESE DOCUMENTS ARE EITHER MATTERS OF PUBLIC RECORD AND CAN BE OBTAINED FROM THE RECORD OFFICE IN THE COUNTY WHERE THE PROPERTY IS LOCATED OR ARE NOT RECORDED AND CAN BE OBTAINED FROM THE DEVELOPER.

Applicant's Signature

Applicant's Name Printed

Applicant's Signature

Applicant's Name Printed

Date: _____





AUTHORIZATION TO PERFORM A CRIMINAL BACKGROUND CHECK

Background Check per person 18 years old and over

Community Name: _____

File # _____

Office Use Only

By signing below, I hereby give consent for NextGen Community Management to obtain a Criminal Background check for me. The Criminal Background check shall include a Sexual Offender Search. I understand that a Criminal Background check is required to lease and/or purchase a unit/home in the _____ community, and that my Criminal Background check results may be used by the Board of Directors to approve or disapprove my lease or purchase of a unit/home.

X _____ X _____

Signature of Applicant

Date

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER TO BE SUMITTED

Name _____

Current Address _____

City, State, Zip _____

Email _____ Phone# _____

Driver's License # and state of Issuance: _____

Social Security # _____ Date of Birth: Month _____ Day _____ Year _____

Addresses for the Last 7 Years:



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