

Avellino Isles Condominium Association, Inc.

Application for Approval to Purchase

Application Check List

Applicant has been provided the following Documents:

- ☐ Approval Application and Gate Access Form
- ☐ Copy of Avellino Isles Documents
- ☐ Executed Sales Contract

Applicant has submitted the following Documents to Gulf Breeze Management:

- ☐ Completed Approval Application and Completed Gate Access Form
- ☐ Executed Sales Contract
- ☐ \$150.00 Application Fee per married couple, or \$150 **per person** if not married.

Application Fee

\$150.00 Application Fee – This non-refundable fee should be made PAYABLE to AVELLINO ISLES Condominium Assn for the processing of the application.

Application Submission

The application is not processed until all required documents and fees are submitted. The sales and rental approval process require twenty (20) days for completion from the date of complete submission of the application. For applicants who are persons serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces shall be approved within seven (7) days from the date of complete submission of the application. All Service Members as defined above will be asked to provide a copy of their active Military ID for verification.

Mail Completed Application to: Gulf Breeze Management Services, Inc.
8910 Terrene Court, Suite #200
Bonita Springs, FL 34135

Avellino Isles Condominium Association, Inc.

Application for Approval to Purchase

Current owner of record: _____

Unit Address _____ Unit #: _____

I / WE hereby apply for approval to purchase at AVELLINO ISLES, a Condominium, and for membership in the Condominium Association. My intention in purchasing this unit is to:

() reside here on a full time basis, () reside here part-time, () Lease the unit
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**THIS FORM MUST BE SUBMITTED TWENTY (20) PRIOR TO CLOSING. APPROVAL MUST BE RECEIVED PRIOR TO CLOSING.** 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: \_\_\_\_\_

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

PH # : \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of business/profession (if retired, former): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ PH # \_\_\_\_\_

Full name of applicant: \_\_\_\_\_

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

PH # : \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Nature of business/profession (if retired, former): \_\_\_\_\_

Name of Employer: \_\_\_\_\_ PH # \_\_\_\_\_

The condominium documents of AVELLINO ISLES provide for the obligation of unit owners that all units are to be used as single-family residences only and not more than two unrelated individuals may reside in the household as outlined the in Avellino Isles Declaration of Condominium. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis. Please note that if any of these occupants are over the age of eighteen (18) they must be included as an applicant and undergo the background and credit check.

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

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

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

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

**VEHICLE(S):** Avellino Isles is a gated community. All residents are required to complete the Gate Access Form prior to being issued vehicle stickers, fobs or call box information is activated. The stickers and fobs cost \$30.00 each and must be paid for at the time of installation on the vehicle. Payment should be made payable to Avellino Isles in the form of a check or money order.

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

**PET: TWO pets allowed (not to exceed 25 lbs each or ONE pet not to exceed 50 lbs):**

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Breed: \_\_\_\_\_ Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Ph # \_\_\_\_\_

Address: \_\_\_\_\_ City / St / Zip: \_\_\_\_\_

**APPLICANT ACKNOWLEDGEMENT:**

**I hereby agree for myself and on behalf of all persons who may occupy the residence which I seek to reside in.** (Please initial by each item.)

- A. \_\_\_\_\_ I/We will abide by all of the restrictions contained in the Governing Documents, Rules and Regulations, and Restrictions which are or may in the future be imposed by the Association. I/We have received copies of the Association Documents and Rules & Regulations from the owner of the unit and fully understand that this is a deed restricted community in which I am required to act in accordance with the Documents referenced above.
- B. \_\_\_\_\_ I/ We understand that any violations of the terms, provisions, condition and covenants of the Avellino Isles Condominium Association, Inc., provides cause for immediate action as therein provided or termination leasehold under appropriate circumstances.
- C. \_\_\_\_\_ I/We understand that the condominium unit is meant to be a single-family residence. I/We also understand that the Association Documents do not permit me/us to run a business from the condominium unit outside of the allowed in section 12.1 of the Declaration which are defined as "low impact" or "no impact" businesses.

- D. \_\_\_\_\_ I/We understand that leases are not permitted to be less than 90 days and by initialing next to this line confirm that my lease is for a minimum of 90 days. I/We also understand that tenants are not permitted to have pets.
- E. \_\_\_\_\_ I/We understand that parking is limited and that I/we are required to park vehicles in the garage of the condominium unit. If a third vehicle is present onsite overnight, that vehicle must be parked in front of the garage of the unit in which I am residing and cannot hinder the ingress and egress of neighboring units. I/We understand that no vehicles are permitted to be parked on the roadway over night or on the grass as anytime. I/We understand that trucks and vans, with the exception of mini vans, are not permitted to be parked outside and must be parked in the garage.
- F. \_\_\_\_\_ I/We understand that tenants and unaccompanied guests are not permitted to have more than six guests at the Avellino Isles Pool per day and that I/We will abide by all Amenities Rules.
- G. \_\_\_\_\_ I/We understand and agree that the Association, in the event it approves the LEASE for this unit at any time, 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 AVELLINO ISLES's by-laws and the Rules and Regulations.

**IMPORTANT: The Avellino Isles Rules and Regulations do not permit any vehicle over forty (40) feet in length due to the limited turning radius within the community. Please ensure that moving companies and delivery companies are aware of this restriction.**

**AUTHORIZATION:** I/We hereby authorize AVELLINO ISLES to verify all information contained on the application and conduct a full background check, including but not limited to: credit, employment, income, eviction and criminal and authorize that they contact any persons or companies listed on this application. I understand that the Community Association is represented by Gulf Breeze Management Services, Inc and that Gulf Breeze Management Services, Inc. will process and conduct this background and credit check on the Associations behalf.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:* ( ) Application Approved ( ) Application Disapproved

Officer or Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_