NEWCASTLE CONDOMINIUM ASSOCIATION, INC.

c/o Property Management Professionals
75 Vineyards Blvd., Third Floor
Naples, FL 34119
Ph# 239-353-1992

APPLICATION FOR APPROVAL OF PURCHASE

Print Clearly or Type
(Please complete entire application. An incomplete application will cause delays in processing)

Seller/Owner of Record _____

Property Address _____ Unit # _____ Bldg # _____

Closing Date _____ Date of New Owner Occupancy _____

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR OWNERSHIP IN NEWCASTLE CONDOMINIUM ASSOCIATION, INC. IN ACCORDANCE WITH THE DECLARATION OF CONDOMINIUM, THE PURCHASHER(S)
I/We represent that the following information is true and correct. By submitting this application, I/We consent to the Association performing a criminal background check and credit check. I/We also consent to attending an in-person interview if I/We are seeking to reside in Newcastle for the first time.

Interviews are MANDATORY for approval of all sales and leases. Interviews are held at the Landover Circle Pool.

Please check the below to confirm interview date.

_____ EVERY 1st Monday of the month at 5 pm

_____ EVERY 3rd Monday of the month at 5:30 pm

You will not receive a reminder or follow-up. The attendance is the responsibility of the perspective resident.

I/We understand that my application may be denied by the Association based upon information obtained form my background checks and/or in-person interview.

_____ _____

Buyer Signature Date Buyer Signature Date

A) Purchaser(s)/Person(s) taking title to unit:

Name _____

Present Address _____

Date of Birth _____ Social Security # _____

Phone # _____ Email Address _____

All other occupants (Please supply dates of birth, present address and social security numbers for **all occupants 18 years of age or older**: (Tenants not included-separate application process required for tenants)

Name _____ Relationship _____

Present Address _____

Date of Birth _____ Social Security # _____

Name _____ Relationship _____

Present Address _____

Date of Birth _____ Social Security # _____

If unit is to be part time residence or rental, please complete below as to who & where all correspondence dealing with this association is to go:
Names_____ Address_____
Phone #_____ Cell/Business_____ Email _____

NOTE: If purchaser(s) are not legally married, this page (items B thru H) is to be duplicated & completed by each purchaser.

B) Landlord/Mortgage Company _____ Phone # _____
From _____ to _____

Pickup Trucks shall not be parked overnight on the condominium property

C) Auto: Make/Model _____ Year _____ Color _____ License Plate # _____
Auto: Make/Model _____ Year _____ Color _____ License Plate # _____
Auto: Make/Model _____ Year _____ Color _____ License Plate # _____
Auto: Make/Model _____ Year _____ Color _____ License Plate # _____

D) Pets: Type _____ Breed _____ Name _____ Color _____ Weight _____
NOTE: Only one **small** domestic pet, less than 40 pounds is allowed. (if no pets, write "NONE" above)

E) Employer (Purchaser #1) _____ Phone# _____
How Long?_____ Dept/Position _____ Address _____

Employer (Purchaser #2) _____ Phone # _____
How Long? _____ Dept/Position _____ Address _____

F) Bank Reference _____ Phone# _____
Address_____ How Long? _____

Bank Reference _____Phone# _____
Address _____ How Long? _____

G) **Character References** (Do Not include family members & Realtor to this transition)
Name_____ Phone # _____
Address _____

Name _____ Phone # _____
Address_____

Name _____Phone # _____
Address _____

H) **Incase of an Emergency contact:**
Name _____ Phone # _____

I/We request approval to purchase the condominium unit. I/We hereby state that the Seller has made available to me all Condominium Association documents, including all Rules and Regulations as the pertain to the above unit and to the community, and that I/We have read them and agree to be bound and abide by them. I/We also understand that I/We are to obtain a key to the pool from the Seller of this unit.

I/We also agree and acknowledge that, should my application to purchase be approved, that I will be required to pay a $500 reserve contribution at the closing of my purchase (see section 6.4, Newcastle Condominium Bylaws)

It is the responsibility of the applicant(s) , realtor or the closing agent to notify Berkshire Lakes Master Assoc of the pending purchase. Phone # 239-353-7633.

Signature of Applicant _____ **Date** _____

Signature of Applicant _____ **Date** _____

Name of Realtor & Agency _____ Phone # _____
Closing Attorney/Title Co _____ Phone # _____
Address _____

If this application is not legible or is not completely and accurately file out, the Association will not be liable or responsible for any inaccurate information in the investigation caused by such omissions or illegibility.

The following items MUST be included at the time the application is submitted to Property Management Professionals

_____ $150 NON-REFUNDABLE APPLICATION FEE. MADE PAYABLE TO **Newcastle Condominium Association**

_____ FULLY COMPLETED APPLICATION

_____ COPY OF SIGNED SALES CONTRACT

_____ COPY OF DRIVER LICENSE

_____ COPY OF VEHICLE REGISTRATION FORMS

ACTION OF BOARD OF DIRECTORS

APPROVE _____ DISAPPROVE _____ DATE OF DECISION _____

BY: _____ OR _____

Association President/Secretary Manager as Assistant Secretary

NEWCASTLE CONDOMINIUM ASSOCIATION, INC.

COMPLIANCE AGREEMENT

NAMES OF RESIDENTS (please print the names of all owners, tenants and family members over the age of 18 who will occupy the unit):

_____ _____

_____ _____

_____ _____

UNIT NUMBER & ADDRESS: _____ in Newcastle Condominium Association, Inc.

By signing this Compliance Agreement and taking occupancy in the above described unit in Newcastle Condominium , I/WE HEREBY ACKNOWLEDGE AND AGREE that I have received a complete copy of the Rules and Regulations for the Newcastle Condominium Association, that I have reviewed the Rules in their entirety, that I understand the restrictions and obligations contained in the Rules for as long as I/We reside in the unit.

I/We further ACKNOWLEDGE AND AGREE that the Newcastle Condominium Association, Inc. has the right to impose fines and suspensions if I/We fail to abide by the Rules and the right to seek an eviction or injunctive relief under legal proceedings fi I/We continue to violate the Rules after a written warning from the Association. I/We understand and agree that the Association's Board of Directors has the right to determine if a violation has occurred, in its sole discretion.

Dated _____ 20_____

_____
Signature

_____
Signature

_____
Signature

_____
Signature

AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICANT SCREENING PURPOSES

Background Screening Disclosure

I hereby authorize PMP and its Designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for applicant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender's list, wants and warrant records, credit history, and civil/law suit cases. Upon request PMP will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release PMP and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any all liability for damages of whatever kind, which may at any tie, result to me, my heirs, family or associates because of compliance with the authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided on this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original , fax or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used foe any other purpose.

_____

Applicant's Name (Print Legibly) Maiden/AKA/Previous Name(s)

_____ _____

Signature Date

_____ _____

Social Security Number Date of Birth

_____

Driver License Number State

_____

Current Address

_____

Phone Number

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