

ST. CLAIR GARDEN CONDOMINIUM ASSOCIATION, INC.
c/o Premier CAM Services, LLC

APPLICATION FOR OCCUPANCY
PLEASE PRINT

Before submitting your Sales Application for processing we require the following:

- 1) Completed Application (One application per unmarried adult) All fields completed
- 2) Non-refundable Application Fee - \$100.00 per application, checks made payable to:
Premier CAM Services, LLC
- 3) Signed Copy of Sales Contract (please include condominium rider)
- 4) You must be 18 years or older to occupy a unit.

Please Note: Applications are not processed until all above documentation is received
Interview is required before approval of applications

All documentation MUST be submitted 20 days prior to Sales Closing. Any application(s) submitted less than 20 days prior to the closing are at risk of having their closing delayed.

Please mail or drop off Completed Application(s), Application Fee(s), and Signed Sales Contract to:

Premier CAM Services
PO Box 152047
Cape Coral, FL 33915

If you have any questions, please call our office: 239-217-6599 or email: admin@premiercams.net
You may drop off your application or express mail to Premier CAM Services office located at:
3436 Marinatown Lane, Suite 3, North Fort Myers, FL 33903
We are open Monday through Friday 9:00 am to 4:00 pm
You may use our night drop box for after hours

Today's Date _____ Address/Unit _____

Date of closing _____

Purchaser Information: Number of people to occupy unit _____

Name _____ Date of birth _____

SS# _____

Contact Phone # _____ E-mail _____

Spouse _____ Date of birth _____

SS# _____

Spouse Phone # _____ E-mail _____

Check box if you authorize your email(s) to be included in a Homeowner Directory

_____ Initials

Other Occupant (s)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Indicate Use Permanent Residence _____ Rental _____

Seasonal Residence _____ Other (Specify) _____

Name of Current Owner _____

Name of Realtor (If Any) _____

Name of Closing/Leasing Agent _____

Agent Contact Info _____

In Case of Emergency Notify:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Your Address After Closing: **IMPORTANT FOR MAILINGS-PLEASE COMPLETE**

Residence History (At Least 5 Years)

Present Street Address _____

City, State, Zip _____ Phone _____

Current Landlord(s) Name _____

Address _____

Landlord(s) Phone _____ Dates of Residency: From _____ to _____

Prior Residency Address _____

City, State, Zip _____

_____ Initials

Prior Landlord(s) Name / Address _____

Landlord(s) Phone _____ Dates of Residency: From _____ to _____

Have you previously lived in a Condominium Association? YES _____ NO _____

Have you served on a Condominium Association Board of Directors? YES _____ NO _____

Employment & Bank References

Currently Employed? Yes _____ No _____ Retired? Yes _____ No _____

Employed By / Retired From _____

Address & Phone _____

Length of Employment _____ Monthly Salary \$ _____

Spouse Employed By / Retired From _____

Address & Phone _____

Length of Employment _____ Monthly Salary \$ _____

(If Less Than 5 Years At Present Employment)

Prior Employer _____ Dates _____

Address & Phone _____

Spouse's Prior Employer _____ Dates _____

Address & Phone _____

Bank Reference (Name) _____ Phone _____

Address _____ How Long _____

Personal Information

Do you have a pet? Yes ___ No ___ Type _____ How many? ___ Age _____ Weight _____

EACH UNIT IS LIMITED TO ONE (1) CAT OR DOG UP TO 20 LBS AND 1 BIRD.

COMMERCIAL VEHICLES WITH BOARD APPROVAL ONLY.

Vehicle #1 Make/Model _____ Color _____

Vehicle #2 Make/Model _____ Color _____

License Plate Number(s) #1 _____ State _____ #2 _____ State _____

_____ Initials

Please list three (3) references who can be contacted:

1. Name _____
Address _____ Phone _____
2. Name _____
Address _____ Phone _____
3. Name _____
Address _____ Phone _____

Do you understand that this is a 55 and over association? ()Yes ()No

Do you understand that pets are permitted with Board approval, but may not be over 20 lbs?
()Yes ()No

Do you understand that the minimum lease or rental term for non-seasonal leases or rental commencing May through October shall be one (1) year and that the minimum lease or rental term for seasonal leases or rentals commencing November through April shall be three (3) consecutive months or ninety (90) consecutive days, whichever is greater. During the seasonal lease or rental period, no unit may be leased or rented more than two (2) times in any calendar year.
()Yes ()No

Do you understand that a unit may not be rented or leased until two (2) years after the unit owner acquires legal title to the unit, regardless of how the title was acquired.
()Yes ()No

Do you understand that this unit is a residential condominium and that conduct of business from the unit is prohibited?
()Yes ()No

Do you understand that satellite dishes must be approved (as to placement and location) by the Board before installation?
()Yes ()No

APPLICANT GENERAL INFORMATION

Another responsibility of the association is to determine the social and moral desirability of the proposed purchaser. Therefore, you are being requested to answer the following questions:

Have you ever been adjudicated guilty of a felony or misdemeanor? ()Yes ()No

If yes, for each offense, complete the following information and attach additional sheets if necessary:

NAME OF COURT: _____

STATE/PROVINCE OF COURT: _____

CHARGE OF WHICH CONVICTED: _____

DATE OF CONVICTION: _____

SENTENCE OF COURT: _____

_____ Initials

Do you have any recreational vehicles such as motorcycles, boats, ATV's, etc which you intend to use while at the unit? () Yes () No

If yes, describe what arrangements you intend for the local storage of those vehicles.

APPLICANT INTERVIEW

As a necessary part of this application process, the association may invite you to meet with some of its members once the credit report and other documents have been received. The association feels that this process is a particularly good opportunity to introduce you to some of your potential new neighbors, and outline to you the unique features of this condominium. In an effort to expedite the scheduling of this meeting, please indicate in the space below, any dates and times when a meeting would normally be inconvenient for you. Any such meeting would customarily be arranged between the fifth and tenth working day from the date the association receives this application form.

APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, your seller should provide you, at no cost to you, a copy of the following Condominium documents. Have you received the following?

			Initials
Declaration of Condominiums with all amendments	() Yes	() No	_____
Articles of Incorporation with all amendments	() Yes	() No	_____
Bylaws with all amendments	() Yes	() No	_____
Rules and Regulations	() Yes	() No	_____
Question & Answer Sheet	() Yes	() No	_____

The law provides you with three days, excluding Saturday, Sunday and legal holidays, after receipt of the above documents in which to cancel your purchase of the unit. It is important that you read and understand those documents as they will govern the use of this unit and the operation of your association.

I understand that I am responsible for the contents of the above documents, and that I will be held to comply with all the provisions notwithstanding any contrary oral representation
() Yes () No _____

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.

By signing, the applicant recognizes that St. Clair Garden Condominium Association, Inc., or its agent, Premier CAM Services, LLC, may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding my character, banking history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and Premier CAM Services LLC, its employees, Officers and Directors, affiliates, sub contractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Premier CAM Services LLC.

I/We certify that all 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.

I HEREBY AUTHORIZE THE PROPERTY OWNER, MANAGER OR ASSIGNEE TO INVESTIGATE MY BACKGROUND AND CREDIT.

Applicant Signature: _____

Applicant Signature: _____