

**Country Pines of North Fort Myers  
Condominium Association, Inc.  
c/o Premier CAM Services, LLC**

**APPLICATION FOR OCCUPANCY  
PLEASE PRINT**

**Before submitting your Lease/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 applicant, checks made payable to: Premier CAM Services, LLC
- 3) Signed Copy of Sales Contract (please include condominium rider) Or Signed Copy of Lease Contract
- 4) Leasing restrictions: Minimum 60 days and a Maximum 6 months (no unit shall be rented more than 6 months in any given calendar year and no more than once in any 6 month period)
- 5) Drivers License
- 6) Renters may not have Pets. See Rules and Regulations

**Please Note: Applications are not processed until all above documentation is received**

**All documentation MUST be submitted 30 days prior to Lease Occupancy or Sales Closing. Any application(s) submitted less than 30 days prior to the lease start date or closing are at risk of having their start date/closing delayed.**

Please mail Completed Application(s), Application Fee(s), and Signed 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](mailto: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/occupancy \_\_\_\_\_

**Purchaser / Lease Information:**

Number of people to occupy unit \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Contact Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_ Initials

Spouse \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

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

Other Occupant (s)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

**If Lease:** Dates From \_\_\_\_\_ To \_\_\_\_\_ (SEE ABOVE RESTRICTIONS)

**If Purchase:** 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: (Purchase Only) **IMPORTANT FOR MAILINGS-PLEASE COMPLETE**

\_\_\_\_\_  
\_\_\_\_\_

**Residence History (At Least 5 Years)**

Present Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Current Landlords Name \_\_\_\_\_

Address \_\_\_\_\_

Landlords Phone \_\_\_\_\_ Dates of Residency: From \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ Initials

Prior Residency Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Prior Landlords Name / Address \_\_\_\_\_

Landlords 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 \_\_\_\_\_

Address & Phone \_\_\_\_\_

Bank Reference (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ How Long \_\_\_\_\_

Do you have a pet? Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_ How many? \_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_

**EACH UNIT IS LIMITED TO ONE (1) PET no more than 25 LBS. (no reptiles)  
RENTERS MAY NOT HAVE PETS**

\_\_\_\_\_ Initials

**Vehicle Information**

Vehicle #1 Make/Model \_\_\_\_\_ Color \_\_\_\_\_

Vehicle #2 Make/Model \_\_\_\_\_ Color \_\_\_\_\_

License Plate Number(s) #1 \_\_\_\_\_ State \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

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

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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.

I/We have received, read and understand the Governing Documents and Rules & Regulations for Country Pines of North Fort Myers Condominium Association, Inc. I/We agree to abide by all of the provisions and those of other recorded documents as well as all of the rules and regulations made pursuant thereto. By signing, the applicant recognizes that Country Pines of North Fort Myers 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 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.

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

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

\_\_\_\_\_ Initials

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

\_\_\_\_\_ Initials