

**Boardwalk Caper V Condominium Association, Inc.**

**Please send all paperwork, payments, etc. to:** Sentry Management  
6330 Techster Blvd, Suite 1  
Fort Myers, FL 33966

**APPLICATION FOR APPROVAL TO PURCHASE CONDOMINIUM UNIT**

To: The Board of Directors of Boardwalk Caper V Condominium Association, Inc.

I (we) hereby apply for approval to purchase unit \_\_\_\_\_ in Boardwalk Caper V Condominium Association, Inc. and for membership in the Condominium Association. **A copy of the sales contract is attached.**

Initial:\_\_\_\_\_,\_\_\_\_\_ In order to facilitate consideration of this application, I (we) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection.

Initial:\_\_\_\_\_, \_\_\_\_\_ I (we) consent to the Association’s further inquiry concerning this application, particularly of the references below.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLOWING INFORMATION**

1. Full name of Applicant \_\_\_\_\_
2. Full name of Spouse/Partner \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_
4. Citizen of U.S.? Self \_\_\_\_\_ Spouse/Partner \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Nature of Business or Profession: \_\_\_\_\_

If retired, former: \_\_\_\_\_

6. Company or firm name: \_\_\_\_\_
7. Position Held: \_\_\_\_\_
8. Business Address: \_\_\_\_\_
9. All units are for single family residence only. Only two (2) persons per bedroom, plus two (2) additional persons may occupy a Unit. Please state name, relationship and age of all other persons who will be occupying the unit regularly:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Three Personal References (local if possible):

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

11. Bank Reference: \_\_\_\_\_

12. Have you ever been convicted of a felony or crime involving violence to persons or property? \_\_\_\_\_  
If so, give full details \_\_\_\_\_

13. Emergency Contact \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

14. Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Tag #: \_\_\_\_\_

15. Mailing address for notices connected with this application:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

16. I am purchasing this unit with the intention to: (1) reside here on a full-time basis, (2) reside here part-time, (3) lease the unit. **Please circle the number(s) that apply.**

17. Initial: \_\_\_\_\_ I (we) have received and read a copy of the Boardwalk Caper V Association Documents, including the Rules and Regulations, the Declaration, By-Laws, Articles of Incorporation and any Amendments. I agree to abide by the Boardwalk Caper V Association Documents.

18. Initial: \_\_\_\_\_ I (we) will provide the Association with a copy of the recorded deed within 10 days of closing.

19. Initial: \_\_\_\_\_ I (we) understand and agree that the Association, in the event a unit is leased, 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 of Boardwalk Caper V Condominium Association, Inc. and the Florida Condominium Act.

The Association office will advise the prospective purchaser within a twenty (20) day period from the date of **receipt** of this application whether this application has been approved.

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

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

APPLICATION APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Officer