

STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

PURCHASE APPLICATION

Return to: STEEPLECHASE OF NAPLES , CMA
3806 Exchange Ave
Naples, FL 34104

MUST BE RETURNED AT LEAST 30 BEFORE PROPOSED CLOSING

I (we) apply for approval to purchase **Unit #** _____ at Steeplechase of Naples Condominium Association and have submitted the following:

- a. A signed copy of the sales contract.
- b. A non-refundable check for \$150 payable in two (2) checks (\$50 to Community Management Associates, \$100 to Steeplechase).
- c. A non-refundable check for \$75 payable to Community Management Associates for the issuing of a Certificate of Approval of Sale.
- d. A **completely** filled out application form (partially completed form **will not** be considered).
- e. A **completely** filled out Pet Statement for Sales Applications form (included here).
- f. Emergency Contact for (included here).
- g. Island Eyes Background Authorization Form, to be returned with your application.
- h. A copy of all occupant's driver's licenses.

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

PROSPECTIVE BUYER INFORMATION

1ST Owner Applicant Name: _____ **Date of Birth:** _____

Current Home Address: _____

Telephone number: _____

Previous Address: _____

2nd Owner Applicant Name: _____ **Date of Birth:** _____

Current Home Address: _____

Telephone number: _____

Make of Car: _____ Year: _____ License No. _____ State: _____

Second Car: _____ Year: _____ License No. _____ State: _____

Any current litigation (evictions, suits, judgments, bankruptcies, foreclosures, etc.) Yes ___ No ___

If yes, give details and dates _____

I am purchasing this unit with the intention to:

_____ Reside in the unit full time

_____ Reside in the unit part time

_____ As an investment, not living in unit

_____ Part time in unit, lease out other times

List the names and relationship of all persons who will occupy your unit in addition to the applicants above. Any person over the age of 18 will be required to submit a photo i.d. as well as submit a \$50.00 fee for processing background and/or criminal check.

NAME

RELATIONSHIP

AGE

STEEPLECHASE DOCUMENTS

_____ I have received, read, and agree to abide to the Declaration, By-laws, Amendments, and the Rules and Regulations of Steeplechase of Naples Condominium Association.

Some of the most frequent issues arise from the items listed below. Initial next to each paragraph indicating you have read, understand, and agree to abide by the paragraph.

_____ LEASE: I (we) understand in the event that the unit is leased/rented that I will be required to submit a completely filled out application, with references, and fees accordingly to lease application to the Board of Directors fourteen (14) days prior to the rental taking place. I understand that leases are for a minimum of 90 days and a maximum of twice yearly. I understand that renters and guests are not permitted to have ANY pets in the unit, lanais and patios are to be kept free of clutter, and nothing is to be affixed to the outside of the building.

_____ I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessee and their guests.

_____ VEHICLES: I (we) understand trucks, motorcycles, boats, motor homes, recreational vehicles, trailers, camers, mopeds, and the like are not permitted on Steeplechase grounds. Declaration 12.7, Rule 10.5

_____ IMPROVEMENTS: I (we) understand that any repairs or improvements made to my unit requires completion of Modification of Unit form found on the Steeplechase website and approval by the Board of Directors BEFORE any work is begun. Declaration 11

_____ GUESTS: I (we) understand that occupancy of my unit is limited by Declaration 12.2 and, other than when the guest is immediate family, must be approved after submission of the Guest Occupancy in Absence of Owner Form found on the Steeplechase website. The application must be submitted to the Board two weeks prior to the guest arrival. No guest may bring pets to Steeplechase.

_____ WATER SHUT OFF: I (we) understand when I (we) leave the unit for more than 48 hours, I (we) must lock the water main with a lock provided by Steeplechase and no other lock. Rule 11. Also water heater breaker in electric panel must be shut off when you leave for 48 hours or more.

_____ GRILLING: I (we) understand that per Collier County fire code gas and charcoal grills are not permitted within 10 feet of any building and are limited to the small propane cylinders (2.7 lbs.) Rule 14.

_____ TRASH: I (we) understand that trash must be placed ***IN*** the dumpster in bags. No major items like beds, furniture etc. are permitted and no trash is permitted in recycling bins. No trash may be left outside the dumpster.

_____ BEHAVIOR: I (we) understand that Declaration 6.3 and 12.8 provide that I (we) are not to engage in activity that may be a “nuisance” to our neighbors or “interfere” with their rights to enjoy Steeplechase property such as their lanai.

_____ I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessee and their guests.

_____ I/we understand that the Association or its manager may use the above application to perform a background, prior landlord, credit, and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

The prospective purchaser(s) will be advised by Association Management whether this application is approved within a 21-day period from the date of receipt of this completed application, fee, and reference letters and a **copy of the sale contract**.

I (we) have read, understand, and agree to all of the statements above.

First Owner Applicant Signature: _____ Date: _____

Second Owner Applicant Signature: _____ Date: _____

Return your completed application and supporting documents to:

**Steeplechase of Naples
c/o Community Management Associates
3806 Exchange Ave
Naples, FL 34104**

239-331-3772

STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

PET STATEMENT for Sales applications

**Each unit may have ONE dog or ONE cat not to exceed 25 pounds in weight.
Guests & tenants may NOT have pets of any kind.**

Applicant's name (printed) _____ **Unit #** _____

_____ Steeplechase street address _____ City _____ State _____ Zip _____ Code _____

_____ Phone Number _____ Email address (print clearly, please) _____

Initial next to each appropriate line

_____ I do **NOT** have a pet at this time. (If checked, skip to signature line)

_____ I **DO** have a pet (complete the following)

Type of pet _____ **Weight at present** _____

Breed _____ **Weight when full grown** _____

_____ A copy of the pet's immunization record is attached.

_____ A color photo of the pet is attached.

_____ I understand that falsification of information or failure to register my pet will result in revocation or denial of approval by the Board.

_____ I understand that I am fully responsible for the action of my pet and have read the Declarations and the Rules and Regulations regarding pet policy.

_____ I understand that this pet approval is only for this pet and expires when the pet is no longer on this property.

Applicant's signature _____ ***Date submitted*** _____

STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION
Emergency Contact Form

In an effort to maintain security and safety for all our residents, the Board of Directors strongly encourages you to fill in the information requested below. This is to facilitate communication between the Association and the emergency contact of our residents should a medical emergency or other emergency arise caused by accident or weather.

Your information will be kept confidential and not publicized. Only the Board of Directors and Florida Coastal Association Management will be in possession of this information.

Please Print

Steeplechase Resident (s) name(s) _____

UNIT _____ Pet type _____

HOME _____

CELL _____

EMAIL _____

Person in possession of emergency key

Home Watch name and number _____

Alternate (seasonal) address _____

Alternate home telephone _____

EMERGENCY CONTACT: (other than person residing with you)

Name _____

Relationship _____

Tel # _____

SIGNATURE _____

SIGNATURE _____

DATE _____

RADON MITIGATION NOTICE

In the case of a proposed sale, if an inspection reveals that presence of radon gas at or above EPA action levels (4.0 picocuries per liter of air) the Steeplechase Board of Directors must approve any remedial action prior to remedial action commencing, including any intended change to common elements.

If any remedial action results in modifications to the unit or common elements, the SELLER and the BUYER shall be financially responsible (see the Steeplechase Amended and Restated Declaration of Condominium 11.3 (D) (OR: 4205 PG: 2493).

Evidence of a Collier County Building Permit for the remedial action also must be presented to the Board.

The business or person(s) who perform radon gas remediation must be certified by the Florida Department of Health, as required in Florida Statutes, Title XXIX, Chapter 404.056 (2).

If proper notice is not given to the Board, the Board at its election may approve or disapprove of the sale. Any sale entered into without Board approval may, at the option of the Board, be treated as a nullity, and the Board shall have the power to void the sale unless subsequently approved by the Board.

Island Eyes Background Authorization Form

This is not a Steeplechase form so is not included here since we may not know if it is updated from time to time. The form will be provided by the management company with the formal application package.