STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

PURCHASE APPLICATION Revised October 23, 2025

Return to:

Steeplechase Condominium Association c/o Cambridge Property Management of Southwest Florida 2335 Tamiami Trail, Suite 402 Naples, FL 34103 Phone (239) 249-7000

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

- 1. A signed copy of the sales contract.
- 2. A non-refundable check in the amount of \$100 for application fee payable to Steeplechase Condominium Association, Inc.
- 3. A non-refundable check in the amount of \$50 for background check per person over the age of 18 payable to Cambridge Property Management of SWFL.
- 4. A <u>completely</u> filled out application form (partially completed form <u>will not</u> be considered).
- 5. A **completely** filled out Pet Application form (included here).
- 6. Emergency Contact form (included here).
- 7. Island Eyes Background Authorization form, to be returned with your application.
- 8. A copy of all occupants' driver's licenses.
- 9. Note: See Steeplechase Declarations and Rules and Regulations at steeplechasenaples.com.

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify <u>automatic</u> rejection. I (we) consent to additional inquiry concerning this application, including the references below:

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

PROSPECTIVE BUYER INFORMATION

1 ST Owner Applicant Name:			Date of Birth:	
Current Home Address:				
Telephone number:				
Previous Address:				
Make of Car:	Year:	License No	State:	
Second Car:	Year [.]	License No		

2 nd Owner Applicant Name:	Date of Bi	rth:
Current Home Address:		
Telephone number:		
Any current litigation (evictions, suits,	, judgments, bankruptcies, foreclosures,	etc.) Yes No
If yes, give details and dates		
I am purchasing this unit with the inte	ention to:	
Reside in the unit full	time Reside in the un	it part time
As an investment, not	living in unit Part time in unit	ease other times
-	f all persons who will occupy this un he age of 18 will be required to submit ackground and/or criminal check.	
NAME	RELATIONSHIP	AGE
<u> </u>		

STEEPLECHASE DOCUMENTS

I (we) have received, read, and agree to abide by the Declarations, Bylaws, Amendments, and the Rules and Regulations of Steeplechase of Naples Condominium Association. Please initial next to each paragraph below 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 lease application, with references, and fees provided accordingly, to the Steeplechase Board of Directors not less than 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 or trucks when renting the unit. Lanais and patios are to be kept free of clutter, and nothing is to be affixed to the outside of the building.
VIOLATIONS: I (we) agree that in the absence of the owners, the Association is granted full power to take whatever action is necessary, including eviction, to prevent or stop violations by lessees and their guests.
IMPROVEMENTS: I (we) understand that any repairs or improvements made to my unit requires completion of a REQUEST TO MODIFY CONDOMINIUM PROPERTY form found on the Steeplechase website and approval by the Board of Directors BEFORE any work has begun.
GUESTS: I (we) understand that occupancy of my unit in my absence is limited, and other than when the guest is immediate family, must be approved after submission of a Guest Occupancy in Absence of Owner form found on the Steeplechase website. The application must be submitted to the Board a minimum of two weeks prior to the guest arrival. No guest may bring pets to Steeplechase. See Rules and Regulations 10.7 regarding guests' truck guidelines.
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 standard lock provided by Steeplechase. Also, the water heater breaker in the electric panel must be shut off when leaving for 48 hours or more.
GRILLING: I (we) understand that per Collier County fire code regulations gas and charcoal grills are not permitted within 10 ft of any building and are limited to small propane cylinders (2.7 lbs.).

TRASH: I (we) understand that trash must be like furniture are not permitted. No trash is permitted	e placed IN the dumpster in bags. Major items in recycling bins or left outside the dumpster.
BEHAVIOR: I (we) understand that Steepled are not to engage in activity that may be a "nuisance" to enjoy Steeplechase property including their lanai.	chase Rules and Regulations provide that I (we) to our neighbors or "interfere" with their rights
I (we) understand that the Association or perform background, prior landlord, credit, and po above. This information will be kept confidential an applicant(s). The prospective purchaser(s) will be adv application is approved within a 21-day period from the fee, reference letters and a copy of the sales contract	dice records checks on the applicant(s) listed and may be used to approve or disapprove the rised by Association Management whether this he date of receipt of this completed application,
I (we) have read, understand, and agree to the state	ments above.
First Owner Applicant Signature:	Date:
Second Owner Applicant Signature:	Date:
Please return your completed application and suppor	ting documents to:
Steeplechase Condominium Association c/o Cambridge Property Management of Southwest F 2335 Tamiami Trail, Suite 402 Naples, FL 34103 Phone (239) 249-7000	lorida
Upon review of all submitted documentation cond Steeplechase Condominium Association takes the	
ASSOCIATION APPROVED	DISAPPROVED
Authorized Signature:	Date:

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STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION PET APPLICATION

Each unit may have one dog <u>or</u> one cat not to exceed 25 pounds in weight. Guests and tenants <u>may not</u> have pets of any kind.

Applicant's name (printed)	Unit		
Address	City, State, Zip Code		
Email address	Phone number		
Type of pet	Weight at present		
Breed	Weight when full grown		
Check the categories below:			
Copy of the pet's immunization rec	cord is attached. (required)		
Color photo of the pet is attached.	(required)		
Pet Microchip number			
I understand that falsification of result in revocation or denial of approval by t	information or failure to register my pet will he Board.		
I further understand that I am fully read the Rules and Regulations regarding the	responsible for the action of my pet and have control of my pet.		
I understand that this pet approval longer on this property.	is only for this pet and expires when the pet is no		
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 Steeplechase Board of Directors strongly encourages you to fill in the information requested below. This is to facilitate communication between the Association and the next of kin if our residents should experience a medical emergency or other emergency that may arise if caused by accident or weather.

Your information will be kept confidential and not publicized. Only the Steeplechase Board of Directors and Cambridge Property Management of Southwest Florida will be in possession of this information.

Please Print

Steeplechase Resident name (s)______ UNIT: Pet Type: _____ HOME PHONE: CELL PHONE: _____2nd CELL PHONE: _____ EMAIL: ______2nd EMAIL: _____ Person in Possession of Emergency key: Home Watch Name and Number: _____ Alternate (seasonal) Address: ______ Alternate Phone: EMERGENCY CONTACT: (other than person residing with you) Relationship: Phone: Thank you for your cooperation. SIGNATURE: SIGNATURE: DATE:

RADON MITIGATION

In the case of a proposed sale, if an inspection (as required in NABOR 4/1/2012 Standard D.2) reveals that presence of RADON gas exists at or above EPA action levels (4.0 picocuries per liter of air) the Steeplechase Board of Directors must approve any remedial action agreed to by the BUYER and the SELLER 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.

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).

BOARD APPROVAL

If proper notice and documentation are 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 not valid, and the Board shall have the power to void the sale unless subsequently approved by the Board once any violations of these RADON requirements have been remedied.

ISLAND EYES BACKGROUND AUTHORIZATION FORM

This form is provided by our management company, Cambridge Management of Southwest Florda, since it is subject to occasional changes required by the Florida Statutes. Cambridge Management should be contacted to obtain the latest version of this form to submit with your completed Purchase Application form.