



TARPON COVE COMMUNITY ASSOCIATION **CAYMAN HOMEOWNER'S ASSOCIATION**

SALES APPLICATION **(Revised 01/2017)**

Mail: _____ **OR** _____ **Drop off:**

**Tarpon Cove Community Association
c/o Towne Properties
1016 Collier Center Way
Naples, FL 34110**

**Telephone 239-596-1031
Fax 239-596-1082**

Please submit application at least 20 days prior to closing date.

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND WILL
BE RETURNED TO THE APPLICANT**

ATTACH THE FOLLOWING

- **Estoppel : www.HomeWisedocs.com**
- **Legible Copy of Driver's License**
- **3 Letters of Personal Reference**
- **Copy of Sales Contract**
- **\$50.00 Application Fee payable to Towne Properties (non refundable)**
- **\$ 50.00 Application Fee payable to Cayman HOA (non refundable)**
- **\$ 50.00 per person Background Check payable to Towne Properties**
- **Resale Capital Contribution \$145.00 payable to Cayman Homeowner's Association (*Cayman Resale Capital Contribution changes annually on January 1*).**
- **Resale Capital Contribution \$ 663.00 payable to Tarpon Cove Community Association(*TCCA Capital Contribution changes annually on January 1*)**
- **\$50.00 Convenience fee if application not received 20 days prior to closing.**

I (We) hereby apply for approval to purchase: Address: _____

Current Owner Name: _____ Phone # _____

Neighborhood: _____ in the Tarpon Cove Community Association

Closing date _____ Title Company or Attorney: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____

2. Full name of Spouse: _____

3. Home Address: _____

4. Telephone: Home: _____ Work: _____
Email Address: _____

5. Employer: _____

6. Position Occupied: _____

7. Email address: _____

8. The homeowner's documents of Tarpon Cove Community Association provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Person to be notified in case of emergency: _____

Address: _____ Phone: _____

10. Make of automobile(s) / year / license number: _____

(No commercial or oversized vehicles outside) _____

11. Mailing address for billings and notices connected with this application:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

12. Agent / Company: _____ Contact Name: _____

Phone _____ Email: _____

13. I am purchasing this unit with the intention to: (Please check one)

- () Reside here on a full-time basis
- () Reside here part-time
- () Lease the unit

15. I am aware of and agree to abide by the Community Association Documents and Rules & Regulations. I acknowledge receipt of a copy of the Association rules ____ ____ (**initial here**). (Property owner should provide buyer with the Community Association Documents or they may be obtained through Collier County. Towne Properties does not provide Association Documents.)

16. I understand and agree that the Association, in the event it approves a lease, 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, in accordance with the Documents and the Rules and Regulations of the Association.

Applicant Date

Applicant Date

Applicant Approved Applicant Disapproved

Association President / Board Member Date