

Lely Pines Condominium Association, Inc.

C/O Hayden & Associates
12650 White Hall Drive
Ft. Myers, FL 33907
Phone 239-489-4890 FAX 239-480-4890
(All information must be printed and legible)

The application must be submitted with a non-refundable processing fee of \$100.00 to the Board of Directors -- check made out to Hayden & Associates. A copy of all drivers and national background checks for persons 18 years of age or older living in the unit must be submitted along with a copy of the sales agreement, too.

The application must be approved 20 days prior to signing of the lease. Approval at the discretion of the Board.

****All proposed buyers may be interviewed by the Board of Directors****

Unit #: _____ Owner: _____ Phone Number: _____

Proposed Date of Sale: _____ Sale Amount: \$ _____

Buyer #1: _____ Phone #: _____
Email: _____

Buyer #2: _____ Phone #: _____
Relationship to Signatory #1? _____
Email: _____

Reason for purchase: Reside in Unit or Investment Proper (circle one)

If private party, complete A thru D below:

A. Vehicle Information (2 cars maximum)

Car 1: Year/Make/Model/License Plate #
_____/_____/_____/_____

Car 2: Year/Make/Model/License Plate #
_____/_____/_____/_____

Insurance Company _____ Policy # _____

(No more than a total of 6 (six) people may live in a unit.)

B. Additional Residents:

1. Name _____ Age _____ Relationship: _____

2. Name _____ Age _____ Relationship: _____

3. Name _____ Age _____ Relationship: _____

4. Name _____ Age _____ Relationship: _____

5. Name _____ Age _____ Relationship: _____

Lely Pines Condominium Association, Inc.

Emergency Contact:

Name: _____ Phone Number: _____

If not a private party complete A thru I below:

- A. Name of Entity: _____
- B. Type of Entity: _____
- C. State of Registration: _____
- D. Registration Number: _____
- E. Address 1 _____
- F. Address 2 _____
- G. City _____ St: __ Zip Code: _____
- H. Chief officer of the Entity _____ Phone Number: _____
- I. Other Properties Owned and Operated:
 - 1. Name _____ Location: _____
 - 2. Name _____ Location: _____
 - 3. Name _____ Location: _____
 - 4. Name _____ Location: _____
 - 5. Name _____ Location: _____

All parties provide the following:

References:

- 1. Name _____ Phone Number: _____
- 2. Name _____ Phone Number: _____

Acceptance of Lely Pines Condominium Association sale terms:

- 1. The current owner has provided me (us) with a copy of the Lely Pines Condominium Association’s Governing Documents, including Rules and Regulations. Initial ____/____
- 2. I (We) have read, understand and will follow the Governing Documents, Rules and Regulations. Initial ____/____
- 3. I understand and agree that prior to selling or leasing the unit I (we) must receive approval from the Association. Initial ____/____
- 4. I understand that parking space is guaranteed for only one (1) car.

I affirm that all information provided is current and true. Falsification of any information will result in automatic rejection.

Purchaser #1 Signature _____ Date _____

Purchase#2 Signature _____ Date _____

Current Owner _____ Date _____