

APPLICATION FOR PURCHASE/SALE

The Tides at Pelican Landing Condominium Association, Inc.

Please Read This Application Carefully and Fill In All Blanks

Include the following and mail/deliver to:

Associa Gulf Coast 13461 Parker commons Blvd. #101 Ft. Myers, FL 33912

- Checkboxes for: \$100.00 check – non-refundable processing fee, Completed Application for Purchase/Sale, Copy of the Sale/Purchase Contract, Color copy of government issued photo ID for all parties

Following Approval – Check required for: Car decal barcode sticker \$5.00 each, Pedestrian gate fob \$10.00 each

CHECK OR MONEY ORDER ONLY NO CASH, CREDIT, OR DEBIT CARDS ACCEPTED

Application date: Approximate closing date:

Seller Name & Address

BUYERS ONLY I/We plan to use the premises for: Permanent residence, Part-time residence, Part-time residence/rental

Tides Street Address: Walden Center Drive, Unit #

Buyer #1 Name: Current Address: Phone Number: E-mail Address: Employer: Employer Address: DOB:

Buyer #2 Name: Current Address: Phone Number: E-mail Address: Employer: Employer Address: DOB:

Occupants other than applicant: Name: DOB: Relationship: (repeated three times)

I/We have received and read a copy of the Governing Documents (available on-line for Owners download or for a fee at the Lee County Clerk's Office) for The Tides at Pelican Landing Condominium Association and I/We agree to abide by all its provisions of those recorded documents and by all Rules and Regulations made pursuant thereto.

## SIGNATURE(S)

### Buyer #1

Sign: \_\_\_\_\_

Print Name \_\_\_\_\_

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, known to me to be the individual described in and who executed the same freely and voluntarily for the purpose therein expressed.

Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

State of: \_\_\_\_\_

### Buyer #2

Sign: \_\_\_\_\_

Print Name \_\_\_\_\_

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, known to me to be the individual described in and who executed the same freely and voluntarily for the purpose therein expressed.

Commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

State of: \_\_\_\_\_

Associa Gulf Coast, AAMC

**RESIDENTIAL SCREENING REQUEST**

**Buyer #1**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

E-Mail \_\_\_\_\_

Mobile # \_\_\_\_\_ Alt #: \_\_\_\_\_

*I have read and signed the Disclosure and Authorization Agreement.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

**Buyer #2**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_

E-Mail \_\_\_\_\_

Mobile # \_\_\_\_\_ Alt #: \_\_\_\_\_

*I have read and signed the Disclosure and Authorization Agreement.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

# DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

*Complete one sheet for each applicant*

## **Disclosure**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

## **Authorization**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency or other persons or agencies having knowledge about you to furnish United Screening with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

## **READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_ For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check this line.

# DISCLOSURE AND AUTHORIZATION AGREEMENT REGARDING CONSUMER REPORTS

*Complete one sheet for each applicant*

## **Disclosure**

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence. Upon timely written request of the management, and within 5 days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

## **Authorization**

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency or other persons or agencies having knowledge about you to furnish United Screening with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

## **READ, ACKNOWLEDGED AND AUTHORIZED**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_ For California, Minnesota, or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check this line.

# The Tides at Pelican Landing Condominium Association, Inc.

## RULES AND REGULATIONS

Adopted: November 16, 2015

Buyer #1    Buyer #2

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Vehicles are not allowed to be backed into parking spaces.   |
| _____ | _____ | 2. No resident vehicle is to be parked in a red zone. As the space indicates, each of those spaces is for guests of residents only. A visitor tag must be displayed from the rear-view mirror. These can be obtained in the office.   |
| _____ | _____ | 3. No tailgating of cars through the gates  |
| _____ | _____ | 4. Pedestrian and bicycles are prohibited from walking or riding in the vehicle entrance gates behind vehicles or when they are otherwise open. Everyone walking or riding a bike must have a gate key fob and exit and enter at the pedestrian gate. If you do not have one, you may purchase one at the office.   |
| _____ | _____ | 5. Trash – No trash or trash bags are to be left in the breezeway or anywhere outside your unit including the lanais. Everything must go in the compactor and recyclables in the designated bins. <b>PLEASE DON'T LITTER!</b>   |
| _____ | _____ | 6. by order of the Fires Department, no items are to be in the <b><u>BREEZEWAYS or WALKWAYS</u></b> of the condominium buildings.   |
| _____ | _____ | 7. <b><u>NO SMOKING ANYWHERE ON TIDES PROPERTY!! No personnel shall engage in smoking on any common element of the Condominium, including, but not limited to any walkways, parking lots, pool areas, workout room, stairways, hallways, or any other common elements not included within the boundaries of the units, or limited common elements appurtenant to a unit. Smoking shall mean inhaling, exhaling, burning, carrying, or possessing any lighted tobacco product, including cigarettes, cigars, pipe tobacco and any other lighted tobacco product.</u></b> |
| _____ | _____ | 8. Owners only are allowed one dog and/or one cat not to exceed 40 lbs. Tenants <b>CANNOT</b> have pets or visiting pets of any kind. Dogs must be on a leash or hand carried at all times. Messes must be removed and disposed of immediately.   |
| _____ | _____ | 9. Only patio type furniture is allowed on the lanai. O plants or grills. Flammables, combustibles are not allowed anywhere in the complex.   |
| _____ | _____ | 10. Quiet hours are from 10:00 pm to 7:00 am which means no running of your dishwasher, washer, dryer, vacuum, or noise. <b><u>NOISE MEANS</u></b> no loud music, walking heavy, running or lack of consideration for your neighbors.   |
| _____ | _____ | 11. All vehicles must have a bar code or guest pas. One assigned parking space per unit. <b>DO NOT PARK IN OTHER ASSIGNED PARKING SPACES.</b> EXTRA CARS must park in a yellow guest space. <b>DO NOT PARK IN THE RED ZONES.</b> Any violators <b>PARKED IN RED ZONES</b> will be towed at the expense of the vehicle owner <b>WITHOUT A WARNING.</b>   |
| _____ | _____ | 12. All bicycles on the Tides property must be registered with the Tides office. Stickers are \$5.00 and must be placed in a visible place on the bicycle. All bikes not registered and stickered will be picked up and stored. In order to get a bike back, the owner must pay \$10.00 and \$5.00 to register it. Bik racks are placed around the community. Those racks are to be used for bicycle storage as no bikes are allowed on any lanai, in the breezeway, or chained to a railing, fence, or tree.   |
| _____ | _____ | 13. All smoke detectors over 10 years old <b><u>MUST BE REPLACED.</u></b> Owners must notify management when this has been done. The Association will replace any smoke detector that is over 10 years old if the owner has not done so by January 1, 2016. The charge will be placed on the owners account.  |

# PET INFORMATION:

**One (1) Pet Maximum – Not to exceed 40 lbs.  
Tenants/ Guests are NOT permitted to have pets**

Pet: \_\_\_ Dog \_\_\_ Cat

Pet Name: \_\_\_\_\_

Breed \_\_\_\_\_

Weight \_\_\_\_\_ Color \_\_\_\_\_

Pet Licensed in State of \_\_\_\_\_

Pet License # \_\_\_\_\_

Pet License valid to (date) \_\_\_\_\_

Rabies Vaccination Date \_\_\_\_\_

Rabies Vaccination Valid to (date) \_\_\_\_\_

Rabies Vaccination # \_\_\_\_\_

Chip # \_\_\_\_\_