

Provincetown Condominium Association, Inc.

3400 New South Province Blvd. - Ft. Myers, FL 33907
Phone: 239-939-5535 Fax: 239-939-0584

Sale Requirements

Owner: _____ Buyer: _____
Buyer Phone # _____

Address: _____
Building # _____ Unit # _____

Closing Date: _____

1. Date completed application received: _____
2. Processing Fee **Amount \$50.00** to Alliant Check # _____
Received _____
3. Administrative Fee **Amount \$50.00** to Provincetown Check# _____
4. Copy Sale Contract received: _____
5. Copy of photo ID for each Resident 18 and Over received: _____
6. Interview completed: _____
7. Received approval: _____

***NOTE: Interviews are required prior to occupancy.
ALL Items must be in possession of the Provincetown Management office
before the interview appointment is scheduled.***

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APPLICATION FOR PURCHASE APPROVAL

To: The Board of Directors of Provincetown Condominium Association, Inc.

DATE : _____

CLOSING DATE: _____

I (we) hereby apply for approval to purchase Building # _____ Unit # _____
Property Address: _____ Provincetown Condo
Association, Inc., and for membership in the Association.

To facilitate consideration of this application, I (we) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application.

PLEASE PRINT LEGIBLY

1. Full Name of Applicant (1) _____ D.O.B. _____
Cell # _____ Other # _____ Email: _____
Retired? _____

Current Address: _____
City: _____ State: _____ Zip Code: _____
Employed by: _____ Address: _____
Nature of Business or Profession _____ Position: _____

2. Full Name of Applicant (1) _____ D.O.B. _____
Cell # _____ Other # _____ Email: _____
Retired? _____

Current Address: _____
City: _____ State: _____ Zip Code: _____
Employed by: _____ Address: _____
Nature of Business or Profession _____ Position: _____

3. The Association documents provide an obligation of the unit owners that all apartment units are for single family residence only. Please state name, relationship, age and date of birth of all other persons who will be occupying the unit regularly.

4. NAME	RELATIONSHIP	AGE	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Three Personal References – Not Family Members - (local if possible):
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____
 Name _____ Address _____
 City/State _____ Zip _____ Phone _____

7. Have you ever been convicted of a felony or crime involving violence to persons or property?
 (1) _____ (2) _____ If so, give full details: _____

8. Person to be notified in case of emergency: _____ Phone: _____
 Address: _____

9. (1) Vehicle Make: _____ Model: _____ Year: _____ Color: _____
 Tag #: _____ State: _____
 (2) Vehicle Make: _____ Model: _____ Year: _____ Color: _____
 Tag #: _____ State: _____

10. **I AM PURCHASING THE UNIT WITH THE INTENTION TO:**
 (1) Reside full time: _____ (2) Reside part time: _____ (3) Lease: Full Time: _____ Seasonal: _____

PLEASE PROVIDE AN ALTERNATE MAILING ADDRESS, IF APPLICABLE.

Address: _____
 City: _____ State: _____ Zip Code: _____

- I am aware of, and agree to abide by the Documents of Provincetown Condo Association, Inc., the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy/ownership.
- I understand and agree that the Association, in the event a unit is leased, 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, of provisions of the Association Documents of Provincetown Condominium Association, Inc., the Association's By-Laws, the Florida Condominium Act and the rules and regulations of the Association.
- The Association office will advise the purchaser of approval within thirty (30) days from the date the application is received.
- The purchaser will provide the Association with a copy of the recorded deed within 10 days of closing.

Date: _____ Applicant Signature: _____

Date: _____ Applicant Signature: _____

Please return the completed application with the following items:

- _____ \$50 non-refundable processing fee payable to Alliant Association Management.
- _____ \$50 non-refundable administrative fee payable to Provincetown.
- _____ Fully executed Sales Contract
- _____ Clear copy of Photo ID

Interview with the Board of Directors is required. The Board will contact the buyer directly.

**** All Fees are non-refundable**