

# ***Lease/Sale Application Checklist***

Association Name: ALTESSA I AT VASARI

In order to process the application in a timely manner, please don't forget to include the following documents when returning your packet back to the management company. Incomplete applications cannot be processed; therefore, they cannot be approved.

The following items are required by the above-mentioned Association:

\_\_\_\_\_ Application (fully completed and signed)

\_\_\_\_\_ Signature of Owner or Realtor (on application)

\_\_\_\_\_ Lease Agreement or Sales Contract (signed by both parties)

\_\_\_\_\_ Application Fees (\$50.00 made payable to Resort Management and \$50.00 made payable to Altessa I Condominium Association, Inc. )

\_\_\_\_\_ Certificate of Approval Fee (\$75.00 made payable to Resort Management – Sale Only)

\_\_\_\_\_ Background Check Form (fully completed and signed)

\_\_\_\_\_ Other: \_\_\_\_\_

# ALTESSA I AT VASARI CONDOMINIUM ASSOCIATION, INC.

## Lease/Purchase Application

c/o Resort Mangement Ph:239-649-5526 Fax:239-403-1061

NOTE: This form must be submitted to the Management Company at least twenty (20) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy. Please submit a copy of the sales contract and the \$100.00 non-refundable application fee (\$50.00 to Resort Management and \$50.00 to Altessa I) along with the application to Resort Management at:

2685 Horseshoe Drive S #215 Naples, FL 34104.

1. Please attach a copy of the lease/sales contract to this application.
2. Please attach a non-refundable processing fee of \$100.00 to this application, \$50.00 payable to Resort Management and \$50.00 payable to Altessa I Condominium Association, Inc.
3. For all sales a \$75.00 Certificate of Approval fee is required; payable to Resort Management. No new tenants or owners may move into Altessa I at Vasari Condominiums without prior approval of the Board of Directors, and no lease will be for less than a 30 day period.

If Sale Closing Date: \_\_\_\_\_ If Lease Dates of Term: \_\_\_\_\_ to \_\_\_\_\_

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

### OWNER

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### PERSONAL INFORAMTION

Lessee(s)/Buyer(s) Names: \_\_\_\_\_

### VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag: \_\_\_\_\_

WILL ANYONE OTHER THAN THOSE LISTED ABOVE OCCUPY THIS UNIT?

\_\_\_\_ YES \_\_\_\_ NO

If yes whom: \_\_\_\_\_

Pets? If yes, what? \_\_\_\_\_

### RESIDENTIAL HISTORY

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

How Long? \_\_\_\_\_

Phone Number: \_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**REFERENCES**

Please list 2 references – list names, address, and phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please read the following and sign this application:**

I have received and read a copy of the Altessa I at Vasari Condominium Association's Rules and Regulations and Use Restrictions along with this application. I understand these Rules and Regulations and Use Restrictions and agree to abide by them as long as I reside at Altessa I at Vasari Condominiums. If leasing, I understand that failure to do so could be cause for eviction.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Owner's

or Licensed Real Estate Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approvals**

Association Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

If application is denied, give reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Investigative Services, Inc.  
Experience ~ Integrity ~ Results

APPLICATION FOR CRIMINAL REPORT   
APPLICATION FOR CREDIT REPORT   
(Check box for requested reports)

Applicant 1 - Print Name \_\_\_\_\_  
Applicant 1 - SSN \_\_\_\_\_ Applicant 1 - DOB \_\_\_\_\_  
Applicant 1 - Contact Information \_\_\_\_\_  
Applicant 1 - Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant 2 - Print Name \_\_\_\_\_  
Applicant 2 - SSN \_\_\_\_\_ Applicant 2 - DOB \_\_\_\_\_  
Applicant 2 - Contact Information \_\_\_\_\_  
Applicant 2 - Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

REQUESTING ASSOCIATION: Altezza I  
FAX REPORT TO: 239-403-1061  
E-MAIL REPORT TO: \_\_\_\_\_

I/We certify that having read the above application and agree all information therein is true and correct. I/We authorize your agents to obtain a criminal and or credit report for tenancy or ownership.

Applicant 1 - Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant 2 - Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**FOR OFFICE USE ONLY**

Type of report requested (check one): SINGLE  JOINT

Submitted By: \_\_\_\_\_ Account #137200

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