

REGATTA AT VANDERBILT BEACH III CONDOMINIUM ASSOCIATION INC.

PURCHASE APPLICATION - MUST BE SUBMITTED 20 DAYS PRIOR TO CLOSING

Return to: Sandcastle Community Management
9150 Galleria Court Suite 201, Naples, FL. 34109
Office: 239-596-7200

Name of Seller: _____ **Property Address:** _____

Seller do you own a Cabana, Garage, or Boat Slip: ___ Yes ___ No **If Yes, are you including it with this transaction.** ___ Yes ___ No

Cabana: (Regatta _____, # _____) **Garage:** (Regatta _____, # _____) **Boat Slip:** _____ (needs separate application)

Cabanas, Garages & Boat Slips must be transferred with unit or sold on or before unit sale.
You must own a unit in the Regatta Complex in order to own an amenity. (as per association documents)

Signature of Seller: _____ **Date:** _____

Title Company/ Closing Agent: _____ **Phone:** _____

Address: _____ **Closing Date:** _____

Please submit the following:

- A copy of the executed sales contract**
- A non-refundable fee of \$100.00 payable to Regatta at Vanderbilt Beach III Condominium Assoc., Inc.
(\$100.00 per applicant if not married).
- A **completely** filled out application form. (**Partially completed form will not be considered**)
Separate applications must be completed for co-applicants (excludes married couples).
- Pet Registration form (if no pet form must be checked and signed)

I/we hereby apply for approval to purchase the above listed property. I/we represent that the following information is complete and true. I/we agree that any misrepresentation in this application will justify automatic rejection. I/we consent to additional inquiry concerning this application, including the background, credit check and check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ **Date of Birth** _____ **S.S.#** _____

Full Name of Spouse: _____ **Date of Birth** _____ **S.S.#** _____

Current Home address:

Street number / name City State, Zip code Telephone Number

Email address (required) _____

Previous Home Address:

Street number / name City State, Zip code

Current employer: _____ **Position Held:** _____

Employer's Address: _____ **Tel. Number** _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

Have you ever been convicted of a felony? Yes _____ or No _____

If yes, please include details _____

Make of Car: _____ **Year:** _____ **License No.** _____ **State:** _____

Second car: _____ **Year:** _____ **License No.** _____ **State:** _____

Please list the names, relationship and age of all persons who will occupy your unit in addition to the applicants above.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References – Please list two personal references

Full Name: _____ Relationship _____ Phone: _____

Full Name: _____ Relationship _____ Phone: _____

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

I am **purchasing** this unit with the intention to:

_____ Reside in the unit full time _____ Reside here on a part time basis _____ Lease out the unit

Are there any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes _____ No _____

If yes, give details and dates: _____

(Please use the back of this page if more space is needed.)

I have received, read, understand and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Regatta at Vanderbilt Beach III CONDOMINIUM ASSOCIATION, INC.

Purchaser(s): I/we understand, in the event that the unit is leased/rented that I will be required to submit a completely filled out lease application, with references, a nonrefundable fee for \$100.00 per applicant (excludes married couple) made payable to Regatta at Vanderbilt Beach I CONDOMINIUM ASSOCIATION, INC twenty (20) days prior to the closing / lease taking place.

The prospective purchaser(s) understands that the Association or its manager may use the above application to perform a background, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

NOTE: ALL UNIT OWNERS ARE RESPONSIBLE FOR AND EXPECTED TO CARRY HOMEOWNERS INSURANCE

Applicant signature: _____ **Co-Applicant signature:** _____ **Date** _____

Acceptance on behalf of REGATTA AT VANDERBILT BEACH III CONDOMINIUM ASSOCIATION, INC.

Approved: _____

Disapproved: _____

Date: _____

Signature of Authorized Representative of Board of Directors

Regatta at Vanderbilt Beach III Condominium Association Inc. Pet Registration Form

_____ **I DO NOT HAVE A PET AT THIS TIME**

(If checked but obtain one in the future, you must complete a Pet Registration form within thirty (30) days after pet begins residing in the unit.

I/we understand that falsification of information or failure to register my pet will result in action regarding rules violations by the Board. I/we further understand that I/we are fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property and will complete a new form if a replacement pet is obtained. I/we agree that the above reference pet is licensed with Collier County per their Animal Control Ordinance.

Owner: _____

Regatta I Address: _____

Home # _____ Cell # _____

Type of Pet: _____ Present Weight: _____

Breed: _____ Sex: _____ Weight at Maturity: _____

Color: _____ License # _____ Expiration Date: _____

Name of Pet: _____

Attach a copy of immunization record & photo of your pet.

Signature of Owner Date

PARKING STICKER APPLICATION

Regatta at Vanderbilt Beach III Condominium Association, Inc.

c/o Sandcastle Community Management
9150 Galleria Court Suite 201
Naples, FL 34109
Phone: (239)-596-7200 – Fax: (239) 593-4812

(To be completed by Sandcastle)

Vehicle #1, Sticker # _____

Vehicle #2, Sticker # _____

Unit Owner Name: _____

Regatta III- Mailing Address: _____ # _____ Naples, Florida 34108

Phone # _____ Email: _____

Northern Mailing Address: _____

Phone: _____ Email: _____

Vehicle Information

Vehicle #1

Vehicle #2

Year of Vehicle:	_____	_____
Make of Vehicle:	_____	_____
Model of Vehicle:	_____	_____
Color of Vehicle:	_____	_____
State Licensed In:	_____	_____
License Plate #	_____	_____

=====
Complete the above information for each vehicle for which you need a permanent sticker.

If you trade vehicles, please remove the sticker from your old vehicle and complete a form to have a sticker issued for your new vehicle.