

Calusa Island Village
PO Box 1808, Marco Island, FL 34146

REQUEST SALES APPROVAL

To: The Board of Directors of Calusa Island Village Association

The undersigned hereby applies for approval to sell a condominium Unit ____ Calusa Island Village, a condominium - an Application Fee of \$100.00 is attached. The condominium documents of Calusa Island Village, a condominium, provide that all units are for single family residence only.

Please type or print legibly the following information:

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone # _____
Date of Birth _____ Social Security # _____
Email Address _____ Other Phone # _____

Co-Applicant Name _____ Home Phone # _____
Co-Applicant Date of Birth _____ Social Security # _____
Email Address _____ Other Phone # _____

Number of individuals who will be residing in the unit _____

RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ City _____ ST. ____ Zip _____
Dates of Residency _____ Reason for Leaving _____
Owner/Agent _____ Phone # _____

Previous Address (Last 3 years)
Dates of Residency _____ Reason for Leaving _____
Owner/Agent _____ Phone # _____

CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years?	Yes _____	No _____
Have you ever been evicted or asked to move?	Yes _____	No _____
Have you had two or more late rental payments in the past year?	Yes _____	No _____
Have you ever willfully or intentionally refused to pay rent when due?	Yes _____	No _____
Have you ever been convicted for selling, distributing or manufacturing illegal drugs?	Yes _____	No _____
Have you ever been convicted for a felony?	Yes _____	No _____

EMPLOYMENT INFORMATION

Your Status: Full Time Part Time Retired Student Unemployed
Employer _____ Address _____
Employed As _____ Phone # _____

BANK REFERENCE

Bank Name _____ Phone # _____



3 PERSONAL REFERENCE (Local if possible)

1. Name _____ Relationship _____
Address _____
Phone # _____ How long have you know them? _____

2. Name _____ Relationship _____
Address _____
Phone # _____ How long have you know them? _____

3. Name _____ Relationship _____
Address _____
Phone # _____ How long have you know them? _____

EMERGENCY CONTACT:

Name _____ Relationship _____
Address _____ Phone # _____

DRIVER'S LICENSE

Your Driver's License # _____ State _____
Co-Applicants License # _____ State _____

VEHICLE INFORMATION

Make/Model _____ Year _____ License # _____
Make/Model _____ Year _____ License # _____

ADDITIONAL INFORMATION

Please give any additional information that might help owner/management evaluate this application? _____

The applicant is aware of and agrees to abide by the Declaration of Condominium of Calusa Island Village, a condominium, the Articles of Incorporation, By-Laws, and any and all properly promulgated rules and regulations in effect within the terms of the occupancy. Receipt of a copy of the association documents is acknowledged.

I understand and agree that the Association, in the event it approves application, 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 guest, or provisions of the Declaration of Condominium, the Association's By-Laws, the Florida Condominium Act and the rules and regulations of the Association.

Signature of Applicant Signature of Co-Applicant Date

**AUTHORIZATION
Release of Information**

I represent that the information provided in this Application is true and correct to the best of my knowledge. A Calusa Island Village Condominium Association, Inc. representative is authorized to verify my credit, background, tenant history, banking and employment information given in this Application.

Name (Please print) Signature Date

Co-Applicant Name (Please print) Signature Date

Application: Approved Disapproved
Name _____ Title (Office or Director) _____ Date _____

