

SILVER CREEK HOME OWNER ASSOCIATION
APPLICATION FOR APPROVAL TO PURCHASE OR LEASE A UNIT
C/O Advanced Property Management Service, Inc.
1035 Collier Center Way, Unit #7 Naples, Fl. 34110
Phone 239-513-9433 Fax 239-513-9561

Info@apmsfl.com

INCOMPLETE APPLICATIONS WILL BE RETURNED

Application for Purchase _____ or Lease _____ Today's Date _____

Closing date _____ Term of Lease _____ to _____

Term of Lease: Minimum of 30 days Per Silver Creek Documents

Current Owner Name _____ Phone# _____

Current Owner Email Address _____

Unit Address _____

Name of Buyer(s) or Lessee(s) _____

Buyer(s) or Lessee(s) Email Address _____

Current Address _____

City _____ State _____ Zip _____ Own () or Rent () How long? _____

Home Phone _____ Cell Phone _____

Number of persons to be in residence _____

Names of persons to be in residence _____

Type of Pet: _____ Type of Pet: _____

Applicant Current Occupation _____ Work Phone _____

Co-Applicant Current Occupation. _____ Work Phone _____

Are you a service member? _____ Yes _____ No

The term "service member" is defined to include any person serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces.

Have you ever filed bankruptcy? _____ What year? _____

A. Been convicted of a felony? _____ What year? _____ What for? _____

B. Been convicted for being under the influence or dealing in drugs, including alcohol? _____
Year _____

C. Have no record of disruptive behavior or disregard for the rights and property of others as evidenced by conduct in other social organizations or former associations. "Do you have a record of disruptive behavior? ___

Vehicle Make/Model _____ Yr _____ Color _____ Tag Number _____
Vehicle Make/Model _____ Yr _____ Color _____ Tag Number _____

APPLICATION TO INCLUDE FOR APPROVAL:

***A copy of the purchase contract or lease agreement.**

***Check or money order in the amount of \$100.00 payable to Silver Creek for transfer fee.**

***Prior to lease or transfer, it is the responsibility of the owner to provide the tenant or purchaser the complete set of Governing Documents and any other documents required by law. (DCCR 12.2)**

*** No Parcel in Silver Creek shall be used for other than single family residential purposes (DCCR 9.1)**

The above MUST be attached to this application and sent to the ASSOCIATION c/o Advanced Property Management Service, 1035 COLLIER CENTER WAY UNIT #7 NAPLES, FL. 34110.

Approval will not be granted if incomplete.

The information as described above must be submitted at least twenty (20) days prior to the intended closing date or starting lease date. *Approval must be received prior to occupancy.*

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE.

FL Statute 718.116(11) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment.

Date _____ Applicant Signature _____

Co-Applicant Signature _____

A copy of the approval is to be sent to: _____
(fax, email or mailing address)

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved _____ Disapproved _____

By _____ Date _____
Name and Title

Application completed: Yes () No ()

Application Fees Submitted: Yes () No () Check or money order # _____

Copy of sales contract or lease attached: Yes () No () Fees Current: Yes () No ()

Reasons for action taken:
