

**STREAMSIDE RECREATION 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 one month, Maximum of one year, per governing 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 \_\_\_\_\_

Note: Occupancy restricted to no more than two (2) persons per bedroom, including children.

Note: NO PETS ARE ALLOWED IN LEASED UNITS \_\_\_\_\_ (Must Initial)

**Will a Service Animal be residing in the unit?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Landlord or Mortgage Holder Name and Phone Number \_\_\_\_\_

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? \_\_\_\_\_

**STREAMSIDE RECREATION ASSOCIATION**  
**Application for Approval for Sale or Lease**

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 \_\_\_\_\_

Vehicle Make/Model \_\_\_\_\_ Yr \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_  
Vehicle Make/Model \_\_\_\_\_ Yr \_\_\_\_\_ Color \_\_\_\_\_ Tag Number \_\_\_\_\_

**NO MORE THAN 2 VEHICLES PER UNIT ALLOWED PER DOCUMENTS 12.4. One car will be stored under the carport, the other in guest parking. \_\_\_\_\_ Please initial.**

**APPLICATION TO INCLUDE FOR APPROVAL:**

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

**Signature Sheet for Rules and Regulations**

**-Check or money order in the amount of \$100.00 payable to STREAMSIDE REC ASSN for transfer fee\*.**

**The above MUST all be attached to this application and sent to the ASSOCIATION c/o Advanced Property Management Service Inc., 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 ten (10) 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 UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE. 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.

A **condensed version** of the Streamside Rec Assoc. rules and regulations are included with this application.

**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 \_\_\_\_\_

**Owner or Agent Signature:** \_\_\_\_\_

**(Signatures by both parties mandatory)**

**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 # \_\_\_\_\_

**Rules and Regs signature sheet** Yes ( ) No ( )

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

Reasons for action taken: \_\_\_\_\_