



TARPON COVE COMMUNITY ASSOCIATION

MARTINIQUE CONDOMINIUM ASSOCIATION

SALES APPLICATION Revised (02/2016)

Mail: _____ OR _____ Drop off:

**Tarpon Cove Community Association
Towne Properties
N. Collier Corporate Center II
1016 Collier Center Way # 102
Naples, FL 34110**

Telephone 239-596-1031

Please submit application at least 20 days prior to closing date.

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND WILL
BE RETURNED TO THE APPLICANT**

ATTACH THE FOLLOWING

- **3 Letters of Personal Reference**
- **Copy of Sales Contract**
- **Copy of Drivers License**
- **Estoppel : www.HomeWisedocs.com**
- **Sales Fee \$ 100.00 payable to : Martinique Condo Association (Non-refundable)**
- **Sales Fee \$ 50.00 payable to: Towne Properties (non refundable)**
- **Background Check \$ 50.00 payable to Towne Properties
(Additional \$ 50.00 non-related applicant or anyone over 18 years of age)**
- **Resale Capital Contribution \$ 700.00 payable to: Tarpon Cove Community Association**
- **Bank Questionnaire Fee (if applicable) \$100.00 payable to: Towne Properties**
- **\$50.00 Convenience fee if application not received 20 days prior to closing, payable to: Towne Properties**

I (We) hereby apply for approval to purchase: Address: _____

Current Owner Name: _____ Phone: _____

Neighborhood: _____ in the Tarpon Cove Community Association

Closing date _____ Title Company or Attorney: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____

2. Full name of Spouse: _____

3. Home Address: _____

4. Telephone: Home: _____ Work: _____

Email Address: _____

5. Employer: _____

6. Position Occupied: _____

7. The homeowner's documents of Tarpon Cove Community Association provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Person to be notified in case of emergency: _____

Address: _____ Phone: _____

9. Make of automobile(s) / year / license number: _____

(No commercial or oversized vehicles outside) _____

10. Mailing address for billings and notices connected with this application:

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

