

COLONY AT WIGGINS BAY
Sale Application

C/O Paramount Property Management
5629 Strand Blvd., Suite 412
Naples, FL 34110

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

PLEASE SEND ONE-SIDED DOCUMENTS ONLY.

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

_____ COPY OF THE SALES CONTRACT/AGREEMENT.

_____ COMPLETED AND SIGNED APPLICATION.

_____ A non-refundable \$150.00 check made payable to: **PARAMONT PROPERTY MANAGEMENT.**

_____ Unit Owner(s) Signature	_____ E-mail	_____ Date
_____ Applicant Signature	_____ E-mail	_____ Date
_____ Applicant Signature	_____ E-mail	_____ Date
_____ Agent Signature	_____ E-mail	_____ Date

SALE APPLICATION FOR APPROVAL: COLONY AT WIGGINS BAY

TO: The Board of Directors of COLONY AT WIGGINS BAY

I (We) hereby apply for approval to sale.

Address: _____

A complete copy of the signed lease is attached.

In order to facilitate consideration of this application, I (we) represent that the following information is factual and correct and I (we) agree that any falsification, misrepresentation, or incomplete information in this application will justify its disapproval. I (We) consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant: _____
Date of Birth: _____ E-mail: _____

2. Full name of spouse (if any): _____
Date of Birth: _____ E-mail: _____

3. Home address:
Address: _____
City/State: _____ Zip: _____ Phone: () _____

4. Telephone:

		Preferred
Home:	() _____	_____
Business:	() _____	_____
Cell:	() _____	_____

5. Nature of business or profession: _____
If retired, former business of profession: _____

6. Company or firm name: _____

7. Business address: _____

Occupants:

Name	Relationship
_____	_____
_____	_____
_____	_____

10. Name of current or most recent landlord : _____
Address: _____
City/State: _____ Zip: _____ Phone: () _____

11. Two personal references (local, if possible):
Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: () _____
Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: () _____

12. Person to be notified in case of emergency:
Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: () _____

13. Motor vehicle(s) to be kept at the condominium:

Make	Model	Year	License #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****All commercial vehicles displaying business logos must be parked in the garage and cannot be parked in the driveway****

14. Mailing address for notices connected with this application:
Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: () _____

Applicant Signature _____ Date _____
Applicant Signature _____ Date _____

All applications must and shall be deemed to contain the agreement of the Applicant(s) to abide by all the restriction contained in the Governing Documents.