



Princeton Place 3
at Wiggins Bay Foundation
— www.princetonplace3.com —

C/O ALTAIRA PROPERTY MANAGEMENT
5660 Strand Court #107 | Naples, FL 34110 | 239-361-3500

Princeton Place at Wiggins Bay Condominium Three Association, Inc.

Purchase / Title Transfer Application

Address: 340 HORSE CREEK DRIVE, UNIT # _____

Instructions: Please submit Purchase application, Sales Contract Agreement, ID's and fees at least **TWENTY (20)** days prior the closing date to Altaira Property Management.

SUBMIT WITH PURCHASE APPLICATION FORM:

- Copy of Signed Sales Contract
- All applicants are required to submit a clear copy of a government-issued photo ID.
- **\$150 NON-REFUNDABLE** application processing fee payable to **Altaira Property Management**.

Mail the completed application, sales agreement, ID's and payment to:

Princeton Place III
Attn: Manager
5660 Strand Ct #107
Naples, FL 34110

_____ Applicant(s) Name	_____ Signature	_____ Date
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_____ Applicant(s) Name	_____ Signature	_____ Date
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_____ Sale Agent Name	_____ Signature	_____ Date
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_____ Present Unit Owner(s) Name	_____ Signature	_____ Date
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Present Unit Owner(s) E-Mail: _____ Phone: _____



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Name of Sales agent, if applicable: _____

Email Address: _____ Cell Phone: _____

PURCHASE / TITLE TRANSFER APPLICATION

Please note: Prior approval by the Board of Directors is required before any unit can be occupied. The non-refundable application fee must accompany the application. Failure to comply with this requirement can result in an eviction from the above set forth premises.

Applicant's Name: _____

Date of Birth: _____ Marital Status: _____

Present Address: _____

Previous Address: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Email Address: _____

Present Employer: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Position: _____ How Long Employed: _____

Co-Applicant's Name: _____

Date of Birth: _____ Marital Status: _____

Present Address: _____

Previous Address: _____

Telephone Numbers: Home: _____ Work: _____ Cell: _____

Email Address: _____

Present Employer: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Position: _____ How Long Employed: _____



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The condominium documents 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.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to be notified in case of emergency _____

Address _____ Ph # _____

VEHICLES: (No commercial vehicles allowed)

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

I (we) **purchase / transfer title** this home with the intention to:

☐ Reside in the home as my (our) full-time residence.

☐ Reside in the home on a part-time basis.

☐ Purchase the home as an investment. **I (we) understand and acknowledge that, pursuant to the Association's governing documents, the unit may not be leased during the first twenty-four (24) months of ownership, unless title to the unit is acquired by inheritance, and all leasing must otherwise comply with the Association's governing documents.**

☐ Reside in the unit on a part-time basis and lease it at other times. **I (we) understand and acknowledge that leasing the unit is prohibited during the first twenty-four (24) months of ownership, unless title to the unit is acquired by inheritance, and any future lease must comply with all Association governing documents.**

Billing Address: _____

City: _____ State: _____ Zip code: _____



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The undersigned certifies, by the undersigned's signature(s) I (we) acknowledge the owner or sale agent has provided me (us) with a copy of the Covenants and Rule and Regulations and have been read and understood before entering into any agreement for the purchase of the above unit and before the execution of this application form. The undersigned acknowledges that the governing documents are subject to change by amendments approved by the board of directors from time to time and that the undersigned will comply with any and all such amendments as well as with the rules and regulations as they exist at the time this application form is executed by the undersigned.

The undersigned certifies that all information provided above as well as the references set forth below are true and correct and that the occupancy of the above unit is conditioned upon the accuracy of said information and that the removal proceedings could result against the undersigned should it be established that any of said information is not true and correct.

The undersigned authorizes the Board of Directors and Agents of the Board of Directors of this Condominium Association to obtain any and all information relating to the undersigned's credit history and further authorizes any and all of the undersigned's creditors and credit bureaus to release any and all of the undersigned's credit history to this Condominium Association.

Applicant's Signature: _____

Date: _____

Co Applicant's Signature: _____

Date: _____

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR PROCESSING

ACTION TAKEN BY BOARD OF DIRECTORS

_____ **APPROVED** _____ **DISAPPROVED** **DATE** _____

Signature of Board Member or Manager

Office Held on Board