



THE HAMMOCKS CAPE HAZE

8660 Amberjack Circle ♦ Englewood, FL 34224 ♦ 941-698-2989

www.hammockscapehazefl.com

APPLICATION TO PURCHASE

MUST INCLUDE:

- o Completed application
- o Completed background check forms (U.S. or International) for each applicant and adult occupant
- o \$150 fee for background check per married couple and or \$150.00 per adult occupant payable to:
 - o "The Hammocks-Preserve Condominium Association" or,
 - o "The Hammocks-Villas Condominium Association"
- o Additional fees may apply
- o Copy of current driver's license or passport for each applicant and adult occupant
- o All of the above must be received by the Hammocks Office Manager 15 days before occupancy
- o **Please mail to:** – Grande Property Services 3754 Cape Haze Dr. Rotonda West, Fl. 33947
Attn: Hammocks at Cape Haze

Date: _____ Current Owner's Last Name _____

Street Address: _____

Name of Purchaser: _____

E-mail address: _____ Proposed Closing Date: _____

OCCUPANT INFORMATION***:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

EMERGENCY CONTACT INFO:

In case of emergency notify: _____

Phone: _____ Cell: _____ Relationship to Lessee: _____

AUTOMOBILE INFORMATION:

Automobile #1 Yr/Make _____ License plate # _____ State: _____

Automobile #2 Yr/Make _____ License plate # _____ State: _____

RESIDENTIAL HISTORY:

Present Address: _____ Phone: _____

Landlord/Mortgagee: _____ Phone: _____

Address:

If applicant has a dog(s):

Breed: _____ Age: _____ Weight*: _____ Color: _____

Breed: _____ Age: _____ Weight*: _____ Color: _____

NOTE - A dog weighing more than 45 pounds is not allowed. There can be no more than 2 dogs per unit*

** If you have recognized ADA disabilities' that require a service animal that will cause you to exceed the above limits. Forms located on the Hammocks Cape Haze website must be submitted to the appropriate board requesting approval of reasonable accommodation and verification of disability.*

I will notify the Hammocks Cape Haze office at 8660 Amberjack Circle, Englewood, FL 34224 of any changes to the above information. I agree to abide by Hammocks Cape Haze Bylaws, Declarations and Regulations while owning property at Hammocks Cape Haze. I understand and agree, as an owner, **I am not allowed to keep a dog weighing more than 45 pounds while owning at Hammocks Cape Haze, nor is a guest allowed to bring a dog weighing more than 45 pounds while visiting Hammocks Cape Haze. Additionally, no more than two (2) dogs may be kept in any unit.** If I, as owner, do not have a copy of Hammocks Cape Haze Bylaws and restrictions, I will obtain a copy from the Hammocks Cape Haze web site at hammockscapehazefl.com (Documents) or from Hammocks Cape Haze at 8660 Amberjack Circle, Englewood, FL 34224 (941) 698-2989.

I also understand that Hammocks Cape Haze borders a nature preserve and I agree to hold Hammocks Cape Haze harmless for any occurrences related to its proximity to this preserve. I am cognizant that, from time to time, alligators, boars, bobcats, snakes, etc. will be observed in or near the preserve or within Hammocks Cape Haze property. I agree not to feed these animals or attempt to interact with them in any way.

I have executed this document this _____ day of _____ 20_____

Handwritten Signature of Purchaser

Handwritten Signature of Purchaser

:XXXX:XXXXXX:XXX:XXX:XXXXXXXXXXXXXXXXXXXX:XXXXXXXXXXXXXXXXXXXXXXXXXXXX:XXXX

Interviewed by: _____ Date: _____

 APPROVED

 DISAPPROVED

Condominium Board Representative

Date

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Grande Property Services / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: N/A To: N/A Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

Application check list

In order to expedite the approval process, please check to make sure all items below are included with your application.

- ❖ A completed and signed application
- ❖ Each adult occupant must complete and sign both background check forms (Residential screening & Disclosure)
- ❖ Enclose a check for \$150.00 per married couple or \$150.00 per adult occupant.
- ❖ A copy of each adult occupant driver's license or passport

Mail to: Grande Property Services, 3754 Cape Haze Dr. Rotonda West, FL 33947 Attn: Hammocks at Cape Haze