

WELCOME

NEW OWNER
TO
PINE RIDGE CONDOMINIUM ASSOCIATION
A 55 & Older Community



Eric Ray, Manager

**4801 LAKESIDE CLUB BLVD
FORT MYERS, FLORIDA 33905**

Phone (239)693-0222 Fax (239)693-0098

www.pineridgeatftmyers.org pineridgecondoassoc@comcast.net

**PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION,
INC.**

Application for Owner Occupancy Checklist

Owner(s) Name _____ Bldg _____ Unit _____

Address _____

Phone# _____ Alternate Phone # _____

Submit the following items to the Pine Ridge Office prior to closing.

- Application for owner occupancy
- Residential Screening Authorization Form
- Notice of Owner Responsibility of Improvements form
- Agreement of Rules and Regulations form (signed)
- Copy of Purchase Contract
- Copy of drivers license or other authorized identification for each occupant
- Screening fee check made out to Pine Ridge Condo Association for \$100
(nonrefundable)
- Consent to Transfer
- Copy of deed after closing

PINE RIDGE AT FT. MYERS VILLAGE I CONDOMINIUM ASSOCIATION, INC.

NEW RESIDENT INFORMATION

-OWNER-

Welcome to your home at Pine Ridge at Ft. Myers Village I. Prior to moving into your new home please read the following information and be sure to contact the management office to complete your checklist items.

Gate Access:

Vehicle Transponders- \$10.00 each and/or Key FOB- \$25.00 each (nonrefundable).

Residents must have a working phone to receive guests through the gate access system. When a guest arrives, the system will dial your phone number. You will have an opportunity to talk to your guests through the phone system. Should you wish to provide access to the community to your guests, press 9 on your phone, the call will disconnect and the gate will open.

Pool/Clubhouse Access:

Electronic cards are required to gain access to the pool area and clubhouse. A \$25 deposit is required.

Vehicles:

All cars, trucks and motorcycles must be registered and display an Association registration sticker. We also need to have a current driver's license and vehicle information on file in the management office.

Office Hours:

The office is open Monday through Friday from 9:30am to 12pm and 1pm to 3:30pm. Special arrangements can be made with the Association manager if you are not available during regular office hours.

Work Requests:

All work requests must be in writing. Blank work request forms are available in the clubhouse and may be placed in the office door slot. The office phone is (239)693-0222.

Architectural Review Requests:

Prior to making any additions or modifications to units, common elements and limited common elements, approval must be acquired from the Architectural Review Committee. These additions or modifications include, but are not limited to, extended lanais, courtyard screen enclosures, condominium lanai enclosures, courtyard patio renovations, hard surface flooring on 2nd and 3rd floor condominiums, windows/sliding glass doors, and storm shutters.

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Fort Myers, FL 33905
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APPLICATION FOR OWNER OCCUPANCY
PLEASE PRINT

COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS - USE THE BACK FOR ADDITIONAL INFORMATION. RETURN 30 DAYS PRIOR TO CLOSING WITH A COPY OF THE PURCHASE CONTRACT, \$100 SCREENING FEE MADE PAYABLE TO PINE RIDGE CONDO ASSOCIATION AND A COPY OF DRIVERS LICENSE OF ALL APPLICANTS/OCCUPANTS. FOLLOWING APPLICATION A BACKGROUND CHECK WILL BE ORDERED AND THE MANAGER WILL CONTACT YOU FOR A SCREENING INTERVIEW. THANK YOU FOR YOUR COOPERATION.

Closing Date _____ Local Closing Mail-away Closing

PROPERTY CLOSING:

Owner(s) Name to be on Property Deed _____

Property Address _____

Bldg. # _____ Unit # _____ Email Address _____

Indicate Use: Permanent Residence _____ Seasonal Residence _____ Rental _____

Other (specify) _____

Name of Current Owner _____ Phone # _____

Name of Realtor (if any) _____ Phone # _____

Name of Closing Agent _____ Phone # _____

NEW PROPERTY RESIDENT(S): Number of People to Occupy Unit _____

1. Name _____

Current Address _____

Date of Birth _____ Sex _____

Telephone 1 _____ Telephone 2 _____

Email _____

2. Name _____

Current Address _____

Date of Birth _____ Sex _____

Telephone 1 _____ Telephone 2 _____

Email _____

3. Name _____

Current Address _____

Date of Birth _____ Sex _____

Telephone 1 _____ Telephone 2 _____

Email _____

NEW OWNER(S) SECONDARY ADDRESS (if applicable):

Address _____

Phone # _____

IN CASE OF EMERGENCY CONTACT: If something would happen to you, or your unit, who should we call? Preferably your next of kin.

1. Name _____ Relationship _____

Address _____

Telephone 1 _____ Telephone 2 _____

2. Name _____ Relationship _____

Address _____

Telephone 1 _____ Telephone 2 _____

PERSONAL INFORMATION:

Pets

Do you have pets? Yes _____ No _____ "Pets" are interpreted as cats or dogs. Pets are limited to 25 pounds mature weight and 1 per unit. Owners may keep no more than one dog or one cat and no more than 2 birds, tropical fish and other customary non-exotic (snakes and rodents are prohibited) household pets. Tenants are not permitted to have pets.

Dog _____ Cat _____ Pet Name _____ Breed _____

Color _____ Age _____ Weight _____

Vehicles

Vehicle 1: Color _____ Make _____ Model _____ Tag # _____

Vehicle 1: Color _____ Make _____ Model _____ Tag # _____

Vehicle 2: Color _____ Make _____ Model _____ Tag # _____

POST CLOSING:

After property closing/transfer of ownership, the following may be obtained from management office:

- 1. Pool Card Deposit- \$25 each (refundable)
- 2. Gate Access: Vehicle Transponder- \$10.00 each and/ or Key FOB - \$25 each (non refundable)
- 3. Directory Code Number (After phone number of choice is registered into gate system)

NOTE: New owner is responsible for sending a copy of the warranty deed to the manager’s office.

AUTHORIZATIONS:

The Manager and Members of the Board of Directors are available to answer any questions regarding the Rules & Regulations that govern the Association. If you have any questions, please contact us prior to signing this application for occupancy.

I/We have received, read and understand the Condominium Governing Documents/Rules & Regulations for Pine Ridge at Ft. Myers Village I Condominium Association, Inc. I/We agree to abide by all of the provisions and those of other recorded documents as well as all of the rules and regulations made pursuant thereto.

As required by law, this information is kept strictly confidential.

Applicant 1 Name	Signature	Date
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Applicant 2 Name	Signature	Date
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Applicant 3 Name	Signature	Date
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NOTE: NOTARY FORM IS NOT REQUIRED IF APPLICATION IS SIGNED IN MANAGEMENT OFFICE

NOTARY –

Dated: This ____ day of _____, 20____.

Signed, sealed and delivered
In the presence of:

Prospective Purchaser
Pine Ridge at Ft. Myers

Witness Signature

Applicant Signature

Witness Signature

Applicant Signature

Witness Signature

Applicant Signature

State of _____) as:
County of _____)

Before me, the undersigned authority, personally appeared _____, to me well known to the person described in and who executed the foregoing instrument as the prospective purchaser at Pine Ridge at Fort Myers Village I Condominium Association, Inc, and he/she acknowledged before me that he/she executed such instrument and that said instrument is the free act and deed of said prospective purchaser and was executed for the purpose therein expressed.

Witness my hand and official seal in the state and county last aforesaid this ____ day of _____, 20____.

(Seal)

Notary Public

NOTICE OF OWNER RESPONSIBILITY OF IMPROVEMENTS

(return this form to the Pine Ridge office)

The purpose of this affidavit is to inform the new owner(s) that they are required to clean, maintain, repair, replace and insure any improvements that have been added by, or may have been added by the current or former owners.

Purchaser Name(s) _____

Unit Address: _____

Building#: _____ Unit#: _____

Improvements

1. Villa extended lanais
2. Villa courtyard screen enclosures
3. Condominium lanai enclosures
4. Solar Tubes
5. Any other additions to limited common elements or other owner improvements

I/We certify that we understand and agree that it will be my responsibility to clean, maintain, repair, replace, and insure any of the above improvements that have been added to the unit prior to my purchase.

Purchaser Name

Signature

Date

Purchaser Name

Signature

Date

RESIDENTIAL SCREENING AUTHORIZATION FORM

PLEASE PRINT

Page 5 of 5

Name: _____ Sex: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, SentryLink, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ **Date** _____

(SentryLink client information only)

Company Name: Pine Ridge at Ft. Myers Condominium

Contact Name: Pamela Elliott

Telephone #: (239) 693-0222 Fax #: (239)693-0098

Email: pineridgepamela@gmail.com

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(SentryLink client information only)

Company Name: Pine Ridge at Ft. Myers Condominium

Contact Name: Pamela Elliott

Telephone #: (239) 693-0222 Fax #: (239)693-0098

Email: pineridgepamela@gmail.com