

**THE TOWERS CONDOMINIUM ASSOCIATION, INC.**

**SALES APPLICATION FORM**

Please print and use a black pen. Complete all questions and fill in ALL blanks. Please submit a check for \$50.00 application fee payable to The Towers Condominium, a \$50.00 processing fee and a check in the amount of \$66.00 per person for a background and credit check payable to Alliant Property Management, LLC.

**PLEASE NOTE: ALL BUYERS REQUIRE AN ORIENTATION BY THE BOARD OF DIRECTORS BEFORE CLOSING.**

( ) I ( ) We hereby apply for approval to purchase \_\_\_\_\_ (ADDRESS) from \_\_\_\_\_ (OWNER) with a closing date of \_\_\_\_\_.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Marital Status: \_\_\_\_\_
2. Home Address: \_\_\_\_\_
3. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_
4. Employer: \_\_\_\_\_ Position occupied: \_\_\_\_\_  
If Retired, previous employer  
Applicants Weekly Salary: \_\_\_\_\_
5. Full name of Co-applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Drivers License # \_\_\_\_\_
6. Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_
7. Employer: \_\_\_\_\_ Position occupied: \_\_\_\_\_  
If Retired, previous employer  
Co-Applicants Weekly Salary: \_\_\_\_\_
8. Single family residences only. Please state the name, relationship and age of all other persons who will be occupying the residence regularly.  

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

**9. Two personal references (local if possible).**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**10. Person to be notified In case of emergency \_\_\_\_\_**

Address \_\_\_\_\_ Phone \_\_\_\_\_

**11. Pets (NO DOGS) Type: \_\_\_\_\_ Name: \_\_\_\_\_**

**12. Vehicle #1 information: year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Plate #: \_\_\_\_\_**

**Vehicle i#2 information: year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_  
Plate #: \_\_\_\_\_**

**13. Owner mailing address for billings and notices connected with this application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**14. Rental Agent/Company: \_\_\_\_\_ Phone: \_\_\_\_\_**

**15. I am aware of, and agree to abide by the Rules and Regulations THE TOWERS  
CONDOMINIUM ASSOCIATION, INC. I acknowledge receipt of a copy of the  
Association Rules and Regulations. \_\_\_\_\_ (please initial)**

**16. I/we are purchasing this property with the intention to: (please circle whichever applies):**

**A. Reside as owners here on a full time basis**

**B. Reside as owners here on a part time basis**

**C. Lease/rent the property**

Closing Company Name: \_\_\_\_\_

Closing Company Address: \_\_\_\_\_

Closing Company Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Have you attached:

\_\_\_\_ Signed application

\_\_\_\_ \$40 non-refundable Background check fee per person (Payable to Alliant)  
(International backgrounds are \$45/person)

\_\_\_\_ \$50 non-refundable application fee to The Towers Condominium

\_\_\_\_ \$50 non-refundable processing fee to Alliant Property Management, LLC

\_\_\_\_ Copy of the executed Sales Contract

**\*Please note: The application will not be processed until all items above are received**

**Mail to: The Towers Condominium Association  
C/o Alliant Property Management, LLC  
13831 Vector Avenue  
Fort Myers, FL 33907  
(239) 454-1101, FAX (239) 454-1147**

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**( ) Application Approved**

**( ) Application Disapproved**

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date



## NOTICE TO The Members of the Towers Condominium Association, Inc.

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Re: Vote to Forego Retrofitting

Please be advised that two-thirds (2/3) of all the members of the Towers Condominium Association, Inc. voted, by limited proxy or ballot personally cast at a duly called membership meeting, to forego retrofitting as set forth in Florida Statute 718.112(2)(1) and Florida Administrative Code Sections 61B-23.002(3) and (4).

This notice is being sent to you in compliance with Florida law. Pursuant to Florida law, a copy of this notice must be provided by the current owners to new owners prior to closing and must be provided by unit owners to a renter prior to signing a lease.

BOARD OF DIRECTORS,  
THE TOWERS CONDOMINIUM ASSOCIATION, INC.

Dated: January 14, 2011

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## DISCLOSURE CONSENT APPLICATION

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Please Print your Full Name SSN

---

Please Print Any Other Names You Have Used DOB

---

Street Address

---

City State Zip Code

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Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from law Enforcement Agencies, State Agencies, as well as Public Records information such as social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans Disabilities Act.

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Signature Date

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Witness Date

**\*\*A copy of Driver's License and or Passport is required with Application\*\***

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