THE TOWERS CONDOMINIUM ASSOCIATION, INC.

RESIDENT / GUEST APPLICATION FORM

Please print and use a black pen. Complete all questions and fill in blanks. Please submit a check for $25.00 application fee payable to The Towers Condominium. Also, a check in the amount of $40.00 per person for a background check; (International $45/person) and $25.00 processing fee made payable to Alliant Property Management, LLC.

( ) I ( ) We hereby apply for approval to reside at _____(ADDRESS) from _____ (OWNER) for the period beginning _____ and ending _____.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. **Full name of Applicant:_____ Date of Birth:_____**
   Drivers License #_____ Marital Status:_____

2. **Last Known Address:**

   _____ _____ _____ _____
   Street Address City State Zip

3. **Telephone: Home: _____ Work:_____ Email:_____**

4. **Person to be notified In case of emergency_____**

   Address _____ Phone _____

5. **Pets (NO DOGS) Type:_____ Name:_____**

6. **Vehicle #1 information: year____ Make_____ Model _____**
   Plate #: _____

7. **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)**

8. **I understand and agree that the Association, in event it approves this lease, is authorized to act as the owners agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Rules and Regulations of the Association.**

_____ _____
Applicant Date

( ) Application Approved **( ) Application Disapproved**

_____ _____

Director's Signature **Date**

Have you attached:

____ Signed application

____ $40 non-refundable per person background fee (International $45/person); and $25 non-refundable processing fee payable to Alliant Property Management, LLC

____ $25 non-refundable application fee payable to The Towers Condominium

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

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

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

_____

Please Print your Full Nome SSN

_____

Please Print Ally Other Names You Have Used DOB

_____

Street Address

_____

City State Zip Code

_____

Driver's License # Exp. Date Slate 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.

_____

Signature Date

_____

Witness Date

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