

April 2025

SEA CHASE CONDOMINIUM ASSOCIATION, INC.

9577 Gulf Shore Dr.

Naples, FL 34108

APPLICATION FOR APPROVAL TO
PURCHASE A CONDOMINIUM UNIT.

To: The Board of Directors of Sea Chase of Sea Chase Condominium Association, Inc.,

I hereby apply for approval to **PURCHASE** Unit # _____, in Sea Chase Condominium Association, Inc., a Condominium, and for membership in the Sea Chase Condominium Association. A complete copy of the signed Sales Agreement is attached (upon closing a closing statement is required).

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval or cancellation. I consent to our further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION: (*required)

1. * Full name of applicant: _____

2. *Full name of spouse: _____

3. *Current address: _____

*City & State: _____ Zip _____

*Home Phone: () _____

*Cell Phone: () _____

*E-Mail Address _____

*Birthdate: _____

*3. a. Is this to be your legal address of residency? Yes, _____ No _____

If not please enter your legal address of residency:

Address: _____

City & State _____ Zip _____

4. The documents of Sea Chase Condominium Association, Inc., a Condominium provide an obligation of unit owners that all units are to be used as a single family residence only. Units are allowed occupation of only two (2) individuals per bedroom accommodation, no more. Two bedroom units are allowed four (4) occupants and the three bedroom units are allowed six (6) occupants. Infants are counted as an individual in residence the same as any adult or child. Please state the name, relationship and age of all other persons who may/will be occupying the unit.

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

5. Person to notify in case of emergency: _____

Address: _____

Telephone: _____

6. Make of car(s) to be kept at Condominium:

Year _____ Model/Color _____

License # _____ State _____

Year _____ Model/Color _____

License # _____ State _____

If you are renting a car you will be required to register upon arrival.

7. *Financial References (one local reference if possible)

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

Name _____ Address _____

City/State _____ Zip _____ Telephone _____

8. *Place of employment, if retired past employment: _____

Address of company _____

Position held _____

Dates of service _____

9. *Personal References:

Name _____ Address _____

City & State _____ Zip _____

Telephone _____ Email _____

Name _____ Address _____

City & State _____ Zip _____

Telephone _____ Email _____

Name _____ Address _____

City & State _____ Zip _____

Telephone _____ Email _____

10. Circle number that applies to the following. If this transaction is a sale: I am purchasing this unit with the intention to (1) reside here on a full time basis (2) reside here part time (3) lease the unit. I will provide the Association with a copy of the recorded deed within ten (10) days after closing.
11. I am aware of, and agree to abide by the Declaration of Condominium of Sea Chase Condominium Association, Inc., the Articles of Incorporation, By-Laws and all promulgated Rules and Regulations. (Documents may be viewed at www.seachasenaples.com under the tab For Residents.
12. I have attached a check, which I understand is **non-refundable**, in the amount of \$150.00 made out to Sea Chase Condominium Association, Inc. for processing this application. A \$150.00 transfer fee is required at closing.

Please note if you intend to lease as per the Sea Chase Condominium Declaration of Condominium Article 13:

Leases of less than one hundred-eighty (180) days the Management Company will advise the prospective lessee or their representative within a reasonable time of the acceptance or denial of the lease. Leases of one hundred-eighty (180) days or longer require twenty (20) days from date of receipt of the application to the anticipated onset of the lease for consideration. "If proper notice is not given, the Board at its election may approve or disapprove the lease. Any lease entered into without approval may, at the option of the Board, be treated as a nullity, and the Board shall have the power to evict the lessee with five (5) days' notice, without securing consent to such eviction from the unit owner". Leases must be at least (30) thirty days in duration.

Date: _____

Applicant's Signature _____

Applicant's Signature _____

Application Approved: _____

Application Disapproved: _____

Date: _____

For the Association: Karen Lussier, Manager

Submit paperwork and payment to: Sea Chase Condominium Association, Inc. Attn: Manager

9577 Gulf Shore Dr., Naples, FL 34108

Per regulation: Smoking is not allowed in any of the common areas, non-owners are not allowed to have pets and all personal items (beach and pool items) must be stored in the unit or the confines of the appropriate storage locker. There is no bar-b-que facility and cooking on the terraces/lanais is strictly forbidden by the fire marshal.

Please be courteous and remove sand from beach items and rinse off and dry off before entering the building from the beach or pool. Cover-ups/shirts and footwear is required within the building.

Sea Chase Condominium Association, Inc.

(the legal name and address)

9577 Gulf shore Dr.

Naples, FL 34108

May 2025

Frequently Asked Questions and Answer Sheet

Q: What are my voting rights in the condominium association?

A: There are 31 units in Sea Chase, a condominium, and the owner of each unit has one indivisible vote which may be cast in all matters which require a vote of the owners. Voting rights and procedures are described in Section 2 and 3 of the Bylaws of the Association.

Q: What restrictions exist in the condominium documents on my right to use my unit?

A: Each unit is restricted to residential single-family use. Certain pets may be kept by owners. The principal restrictions on unit use are found in Section 12 of the Declaration of Condominium.

Q: What restrictions exist in the condominium documents on the leasing of my unit?

A: Leases must be at least 30 days in duration. Other leasing restrictions are found in Section 13 of the Declaration of Condominium.

Q: How much are my assessments to the condominium association for my unit type and when are they due?

A: Regular assessments will be based on the Association's annual budget and are payable quarterly, in advance, due on the first day of January, April, July and October. Late payment will incur a late fee and interest.

Q: Do I have to be a member in any other association? If so, what is the name of the association, what are my voting rights and how much are the assessments?

A: N/A

Q: Am I required to pay rent or land use fees for recreational or other commonly used facilities?

A: N/A

Q: Is the condominium association or other mandatory membership association involved in any court cases in which it may face liability in excess of \$100,000.00? If so, identify each such case.

A: N/A

Note: The statements contained herein are only summary in nature. A prospective purchaser should refer to all references, exhibits hereto, the sales contract and the condominium documents. We strongly urge you to be familiar with your condominium documents.



STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC.

BACKGROUND CHECK APPLICATION

APPLICANT INFORMATION				
NAME:		LIST ANY OTHER NAMES YOU HAVE USED:		
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:	
CURRENT ADDRESS:			WORK PHONE:	
CITY:		STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:
CURRENT RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:	EMAIL:		
CURRENT EMPLOYMENT INFORMATION				
CURRENT EMPLOYER:				
EMPLOYER ADDRESS:				HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:
PHONE:	FAX:	EMAIL:		
POSITION HELD:	COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
PREVIOUS EMPLOYMENT INFORMATION				
PREVIOUS EMPLOYER:				
EMPLOYER ADDRESS:				HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:
PHONE:	FAX:	EMAIL:		
POSITION HELD:	COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
EMERGENCY CONTACT				
NAME:				
CURRENT ADDRESS:				
CITY:		STATE:	ZIP:	
RELATIONSHIP:	HOME PHONE:		CELL PHONE:	

REFERENCES

NAME	ADDRESS	PHONE

ACKNOWLEDGMENT & RELEASE

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER RELEVANT STATE AND FEDERAL LAW THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE, TRUE AND ACCURATE. I ACKNOWLEDGE THE FALSIFICATION OR ELIMINATION OF ANY INFORMATION MAY RESULT IN THE FILING OF CRIMINAL CHARGES. I HEREBY CONSENT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. TO COMPLETE 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 A CONSUMER CREDIT REPORTS, 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 WITH DISABILITIES ACT, AND TO RELEASE THE INFORMATION TO THE SUBMITTING PARTY. I FURTHER AUTHORIZE ALL PERSONS AND ORGANIZATION THAT MAY HAVE INFORMATION RELEVANT TO THIS INVESTIGATION TO DISCLOSE SAID INFORMATION TO RELEASE IT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. I HEREBY RELEASE STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE IN CONNECTION WITH THIS INVESTIGATION, RESULTS AND DECISION. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE CONSIDERED VALID. I UNDERSTAND THAT I HAVE PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) AND HAVE A COPY OF THESE RIGHTS TITLED "FAIR CREDIT SUMMARY OF RIGHTS"

PRINT NAME:

SIGNATURE:

DATE:

DISCLOSURE CONSENT APPLICATION**APPLICANT INFORMATION**

NAME:		LIST ANY OTHER NAMES YOU HAVE USED:	
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:
CURRENT ADDRESS:			WORK PHONE:
CITY:	STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:
CURRENT RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:	EMAIL:	

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 CREDIT REPORTS, 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 WITH DISABILITIES ACT.

SIGNATURE

DATE

WITNESS

DATE

PLEASE USE THE BACK OF THE FORM OR ANOTHER PIECE OF PAPER FOR ANY ADDITIONAL INFORMATION