

Barrington Cove Homeowners Association, Inc.

Sales Application Checklist

c/o Paramount Property Management
5629 Strand Blvd., Suite 412
Naples, FL 34110

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND
WILL BE SENT BACK TO THE APPLICANT**

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

_____ COPY OF THE SALE CONTRACT / AGREEMENT / TITLE TRANSFER.

_____ COMPLETED AND SIGNED APPLICATION.

_____ TWO (2) WRITTEN LETTERS OF REFERENCE OR complete the attached Character Reference Form. (Sale agents, relatives, employers, or bankers are not acceptable.)

_____ A non-refundable \$150.00 Application Fee made payable to: **Paramont Property Management.**

PLEASE HAND-DELIVER OR MAIL ALL DOCUMENTS AND FEE TO:

**Paramont Property Management
5629 Strand Blvd. #412
Naples FL 34110**

_____	_____	_____
Unit Owner Signature	E-mail	Date

_____	_____	_____
Unit Owner Signature	E-mail	Date

_____	_____	_____
Applicant Signature	E-mail	Date

_____	_____	_____
Applicant Signature	E-mail	Date

_____	_____	_____
Sale Agent Signature	E-mail	Date

**APPLICATION FOR APPROVAL FOR
SALE / TITLE TRANSFER OF CONDOMINIUM UNIT
Barrington Cove Homeowners Association, Inc.**

TO: The Board of Directors of Barrington Cove Homeowners Association, Inc.

I (We) hereby apply for approval to purchase / transfer of title _____

in Barrington Cove Homeowners Association, Inc. and for membership in the Condominium Association.

A complete copy of the signed purchase agreement is attached.

In order to facilitate consideration of this application, I (we) represent that the following information is factual and correct and I (we) agree that any falsification, misrepresentation, or incomplete information in this application will justify its disapproval. I (We) consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant: _____
Date of Birth: _____

2. Full name of spouse (if any): _____
Date of Birth: _____

3. Home address: _____
City/State: _____ Zip: _____ Phone: () _____

4. Telephone: Preferred
Home: () _____
Business: () _____
Cell: () _____

5. E-Mail Address: _____

6. Nature of business or profession: _____
If retired, former business of profession: _____

7. Company or firm name: _____

8. Business address: _____

9. The Condominium Documents of Barrington Cove Homeowners Association, Inc. restrict units to be used as single family residence only. Please state the name and relationship of all other persons, other than the applicant, who will be occupying the unit on a regular basis.

Name	Relationship
_____	_____
_____	_____

10. Name of current or most recent landlord: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____

11. Two personal references (local, if possible): (Reference must match reference letters sent.)
- Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____
- Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____

12. Two credit references (local, if possible)
- Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____
- Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____

13. Person to be notified in case of emergency:
- Name: _____
Address: _____
City/State: _____ Zip: _____ Phone: (____) _____

14. Motor vehicle(s) to be kept at the condominium:

Make	Model	Year	License #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(We) will provide the Association with a copy of our recorded deed within ten (10) days of the closing.

15. I (We) are aware of and agree to abide by the Declaration of Condominium of Barrington Cove Homeowners Association Inc, the Articles of Incorporation, and the Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

16. I am purchasing this unit to: (1) reside here on a full-time basis_____,
 (2) reside here part-time_____,
 (3) lease the unit _____

17. Billing address is: _____

NOTE: PETS ARE ALLOWED BY OWNERS ONLY WITH BOARD APPROVAL

The prospective purchaser will be advised by the Association office within a thirty (30) day period from the date of receipt of the application and all information and appearances requested, of whether this application has been approved.

Dated: _____

 Applicant

Dated: _____

 Applicant

☐ *Application Approved*

☐ *Application Denied*

Date _____ By _____
 Board or Director or Authorized Representative



PARAMONT PROPERTY MANAGEMENT, LLC

Character Reference Form

Date: _____

Applicant's Reference's Name: _____

Reference's Street Address: _____

Reference's City, State, Zip Code: _____

RE: Applicant's Name: _____

Association Applying to: Barrington Cove Homeowners Association, Inc.

To Whom It May Concern:

The applicant(s) named above is applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to applicant. This completed Character Reference Form **MUST** be sent with the application in order for the Board of Directors to approve the applicant(s) purchase or lease.

Thank you for your assistance in this!

Yours truly,

Paramont Property Management

How do you know the applicant(s)? _____

For how long have you known the applicant(s)? _____

In your opinion, would the applicant(s) make a good neighbor? Yes No

Please describe the applicant(s) character and stability, as you know them: _____

Reference's signature



PARAMONT PROPERTY MANAGEMENT, LLC

Character Reference Form

Date: _____

Applicant's Reference's Name: _____

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Reference's City, State, Zip Code: _____

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