

APPLICATION FORM
to Purchase or Lease

Submitted 15 days in Advance
\$50 Check attached for lease
\$50 Check attached for sale
Completely filled out
Prospective purchaser has met
with 2 directors

In Re: Unit # _____ Owned by _____ Date _____
Owners Telephone Number _____ - _____ - _____

I/We hereby apply for approval of Bluepoint Condo Inc. to:
Purchase _____
Lease from _____ to _____

Name (s) _____
Address _____ City _____ State _____ Zip _____
Phone Home - _____ Cell - _____
Children: Name(s) & Ages _____

Make of Car & License Tag # _____
In addition to family listed above, other permanent occupants of this residence
will be: (names and current addresses)

Nature of Business or Profession: _____
Name of Company _____ Years employed _____

Your two (2) immediate past residences (name, address, years)

I/We have () have not () seen apartment I/We intend to occupy at Bluepoint
Condominium Assn., Inc.
If purchasing, I/We intend to live in the unit during the months circled:
Jan Feb March Apr May June July Aug Sept Oct Nov Dec
If purchasing, I/We do () do not () intend to rent the unit to others.

Financial References: (2)
Name _____
Firm _____
Address _____
Phone # _____

Personal References: (2-preferably who own property in Naples)
Name _____ () _____ ()
Address _____
Phone # _____

(Please check if currently residing in Naples)

Purchaser must meet personally with at least two (2) directors of Bluepoint Inc. Owner or agent should arrange such a meeting. Purchaser is advised to study the Declaration of Condominium and the By-Laws. A check for \$50 and a copy of the sale or lease agreement must accompany this application.

I/We, by the signature(s) here below acknowledge that I/we have read the attached Rules and Regulations of Bluepoint Condominium Assn. Inc. and agree to abide by the same if approved. Also, that I/we will inform my/our guests of these pertinent rules and be responsible for their compliance.

Signed _____ () Lessee
Signed _____ () Purchaser

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(To be filled in by owner)

The real estate firm handling this transaction is:

Firm _____ Agent _____
Address _____ Phone # _____

- The agent will () Will not () have a key to the apartment.
 - () The agent will inspect the apartment prior to occupancy for cleanliness, adequate furnishing, linen, kitchen utensils, etc.
 - () The Agent will handle all communications with occupants.
 - () I prefer to handle any communications directly.
- _____ Will have key to unit and admit tenant.

I have read the above and believe it to be factual, I will present condominium documents to buyer.

Signed _____, Owner Date _____

Comments: _____

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(To be filled in by two member of Board of Directors)

Accepted () Not Accepted ()
Signature of two Board Members _____ Date _____
_____ Date _____