



**PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM TWO ASSOCIATION, INC.  
C/O KPG ACCOUNTING SERVICES, INC.**

3400 Tamiami Trail N. #302

Naples, FL 34103

Ph: (239) 434-8866 Fax: (239) 791-1187

**APPLICATION FOR APPROVAL TO PURCHASE**

**Instructions: Please submit application, sales contract and fees at least THIRTY (30) day prior to closing date.**

SUBMIT WITH APPLICATION:

- Copy of executed Sales Contract
- \$100 NON-REFUNDABLE application fee payable to PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM TWO ASSOCIATION, INC.
- \$50 NON-REFUNDABLE processing fee payable to KPG ACCOUNTING SERVICES, INC.
- \$50 **PER ADULT** FOR NON-REFUNDABLE Criminal Background fee payable PRINCETON PLACE AT WIGGINS BAY CONDOMINIUM TWO ASSOCIATION, INC.
- Copy of ID's
- Completed background check authorization form for each adult

**Please type or print legibly the following information:**

Current Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Name of Real Estate Agent/Agency Involved: \_\_\_\_\_

Agent's Ph #: \_\_\_\_\_ Agent's Email: \_\_\_\_\_

First Applicant's Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Business or Profession (even if retired): \_\_\_\_\_

Second Applicant's Full Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Business or Profession (even if retired): \_\_\_\_\_

The condominium documents provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit during the full lease term.

NAME	RELATIONSHIP	AGE

Person to be notified in case of emergency: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**VEHICLES:**

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

This unit is purchased with the intention to (check which applies):

\_\_\_\_ Reside here on a full-time basis \_\_\_\_ Reside here part time \_\_\_\_ Lease the unit (minimum lease term is 30 days)

I/We am/are aware of and agree to abide by the Amended and Restated Declaration and the Amended and Restated Bylaws of Princeton Place at Wiggins Bay Condominium Two and all rules and regulations properly promulgated thereunder.

The Condominium Documents: Section 12.1 of the Amended and Restated Declaration provides that each unit shall be occupied only by a single-family, and its guests, as a residence and for no other purpose.

I/ We verify that the statements above are true and correct. I/We hereby authorize verification of information I/we provide and communication with any and all names listed in this application. I/We consent to further inquiry concerning this application, particularly of the references provided.

I/We understand that any discrepancy of lack of information may result in rejection of this application.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

Action taken by the Board of Directors:

Applicant Approved  Applicant Disapproved

\_\_\_\_\_  
Association President/Board Member/Manager

\_\_\_\_\_  
Date