



**MIDNIGHT COVE II ASSOCIATION, INC.**

6327 Midnight Pass Road  
Sarasota, FL 34242  
Phone: 941-349-1163 FAX: 941-349-6273

**PURCHASE APPLICATION CHECKLIST**

If your application does not have the following attached, we will be unable to process your request, delaying your approval.

\_\_\_\_\_ A completely filled out and legible application. Please be sure all applicants have signed and initialed the application.

\_\_\_\_\_ Completed Pet Addendum.

\_\_\_\_\_ The \$100 Application Fee. Please make the check payable to Midnight Cove II Condominium Association. Non US purchasers must pay a \$100 application fee payable in US Funds.

If you have any questions regarding the above application procedure, please contact us at the number above.

# MIDNIGHT COVE II ASSOCIATION, INC..

## APPLICATION FOR APPROVAL TO PURCHASE

TO: The Board of Directors at Midnight Cove II Condominium Association, Inc.

I hereby apply for approval to purchase ( MCII Unit address) \_\_\_\_\_, in Midnight Cove II Association, Inc.

The undersigned hereby makes application for purchase in Midnight Cove II Condominium Association, Inc. In accordance with the Declarations of the Association, the applicant(s) represent that the following information is true and correct and consent to further investigation concerning this information or any other information which comes from that inquiry which is necessary for approval of this request.

### PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant 1: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ email address: \_\_\_\_\_
2. Full name of Applicant 2: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ email address: \_\_\_\_\_
3. Mailing address for association notices and billing :  
Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
4. Please indicate your preferred method of delivery of association notices and statements:  
Notices:  I prefer notices to be sent by email  I prefer notices to be sent by regular mail  
Statements  I prefer statements to be sent by email  I prefer statements by regular mail
5. Current Address: Ownership: How long? \_\_\_\_\_ Rented: How long? \_\_\_\_\_  
  
If Rented, Current or Most Recent Landlord  
Landlord Name: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

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

6. Have you ever been convicted of a felony or crime involving violence to persons or property? If so, give full details: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

8. Make and Model of any vehicle(s) to be kept on the property. **Please note you will have one assigned carport space. All vehicles must be registered at the association office. A parking sticker will be provided for placement on the vehicle. Commercial vehicles, trailers, boats, RV's, ATV's are prohibited from the property and will be towed away at the unit owner's expense.**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_ State \_\_\_\_\_

9. I / We agree to abide by all association By Laws, Declarations, Amendments, rules and regulations and all future changes as adopted by the Association membership and its Board of Directors. I understand that any violation of such documents is subject to remedial action under the provisions of these documents.  
Purchaser(s) Initial) \_\_\_\_\_.

10. Attached to the Application must be a non-refundable check for \$100 made payable to Midnight Cove II Association, Inc. to cover administrative expenses of the approval process, which include but are not limited to the following: Criminal Background Checks, Credit Inquiries and Reference Checks. A copy of the Association Documents, Rules and Regulations will be sent upon receipt of the application and fee.

Applicant 1 Name: \_\_\_\_\_ Applicant 1 Signature: \_\_\_\_\_

Applicant 2 Name: \_\_\_\_\_ Applicant 2 Signature: \_\_\_\_\_

**FOR AN APPROVAL TO BE ISSUED, THE COMPLETED APPLICATION AND THE APPLICATION FEE MUST BE RECEIVED BY THE ASSOCIATION OFFICE AT LEAST 7 DAYS PRIOR TO OCCUPANCY**

**MIDNIGHT COVE II ASSOCIATION, INC.**

**PET ADDENDUM TO APPLICATION**

I / We do acknowledge that only one pet is allowed at Midnight Cove II. Renters or visitors are not allowed to bring pets under any circumstances. All pets must be registered at the office.

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

I / We have a pet that may be present at Midnight Cove II \_\_\_\_\_ Yes No \_\_\_\_\_

Name of pet \_\_\_\_\_

Breed \_\_\_\_\_ Weight \_\_\_\_\_

**CONSTRUCTION ADDENDUM TO APPLICATION**

**Construction work at Midnight Cove II may only be performed between May 1 and October 1.**

I / We do acknowledge that unit construction work may only be done between May 1 and October 1 at Midnight Cove II.

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## BOAT AND WATERCRAFT ADDENDUM TO APPLICATION

Anyone desiring to place a Boat in the Marina must make application **prior to** the placement of any such craft in the marina facility. Boat slips are all privately owned and are not a common element of the Association. Some may be available for purchase from time to time.

Slips owned by the Association, if available, are provided for temporary use only for a fee of \$10 per lineal foot of boat length per week and are **payable in advance** at the Association office along with the completion of a dock lease agreement. Upon payment, a temporary slip assignment will be provided. Any boat placed without authority will be towed away at its owner's expense. A dock lease agreement must be completed at the office

I / We do acknowledge and understand the Marina watercraft policy at Midnight Cove II.

Applicant 1 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Applicant 2 \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## Authorization Form

You are hereby authorized to release any and all information requested with regards to a background check to be performed.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained for this report is to be released to the General Manager of Midnight Cove II and its Board of Directors for their exclusive use only.

***PLEASE INCLUDE a PHOTOCOPY OF DRIVER'S LICENSE and SOCIAL SECURITY CARD TO CONFIRM IDENTITY. If you do not have a Social Security Card, please include a copy of your Passport or current identification card.***

**Please notify your Landlord(s), Employer(s), and Character References that we will be contacting them to obtain a reference pursuant to your application.** I/We further state the Authorization Form were signed by me/us and was not originated with fraudulent intent by me/us or any other person that the signature(s) below are my/ our own proper signature.

I/We certify under penalty of perjury that the foregoing is true and correct. **If you or the co-applicant have falsified, deliberately mislead or omitted to mention any information on your application, you may not be approved for a purchase.**

(Applicant's Signature)	Date _____	(Applicant's Name Printed)
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(Co-Applicant's Signature)	Date _____	(Co-Applicant's Name Printed)
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I \_\_\_\_\_, would like my Quarterly Maintenance and Reserve Fees and/or any Quarterly Special Assessments automatically deducted from my checking or savings account.

The Bank I would like this deducted from is: \_\_\_\_\_

The Routing # is: \_\_\_\_\_

The Account # is: \_\_\_\_\_

The Account Type is: Checking    Savings    Money Market

By signing below, I hereby authorize Midnight Cove II Association, Inc. to deduct quarterly fees owed for Unit# \_\_\_\_\_ from the banking institution listed on the 1st banking day of each quarter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**If you wish to have your maintenance fees automatically deducted from your bank account, please complete and sign this form and return it to the office with a voided check.**