

# Coquina Gardens Condominium Association, Inc.

c/o Volhr Corporation  
1000 N. Collier Blvd., Suite 9  
Marco Island, Florida 34145  
Telephone: (239) 389-3600 Fax: (239) 394-4110  
2maintenance@volhrcorporation.com

## Application for Approval to Purchase a Condominium Unit

This application and fees is to be completed and submitted to the Association's Management at least 20 days prior to the scheduled occupancy date. There is a non-refundable \$100.00 Application Fee payable to Coquina Gardens Condominium Association, Inc. A Copy of the executed Sales Contract, Background/Credit Authorization Form for each Applicant/Spouse, Pet Application (if applicable) and a current copy of your Drivers License is required for processing of this application. Incomplete applications will not be processed.

Unit Street Address: \_\_\_\_\_ Unit No. \_\_\_\_\_

Current Owner: \_\_\_\_\_ Closing Date: \_\_\_\_\_

☐ I/We apply for approval to purchase the Unit listed above.

☐ I/We represent the following information is complete and true, and agree that any misrepresentation in this application will justify automatic denial. I/We consent to additional inquiry concerning this application, and if requested will agree to an appearance before the Board of Directors for further questioning.

Unit will be Titled in the Name of : \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License No. \_\_\_\_\_ Spouse Driver License No. \_\_\_\_\_

Telephone (H) # \_\_\_\_\_ Telephone (C) # \_\_\_\_\_ E-mail: \_\_\_\_\_

US Citizen(s) \_\_ If "No" please submit a copy of residency authorization or passport photo.

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

Make of car(s): \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate: \_\_\_\_\_ State: \_\_\_\_\_

The Documents of Coquina Gardens Condominium Association, Inc. provides that all units are for single family residences only. Please state the name, relationship and age of all persons who will occupy the unit regularly.

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

**Character References (Anyone involved in this transaction cannot be an acceptable reference)**

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

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

**Person To Be Notified In An Emergency:**

**Name:** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**General Conditions:**

**No subleasing or assignments of lease rights are allowed. Guests are allowed to stay 7 days, anyone in the unit after that will be considered a tenant.**

**Trash cans and recyclable cans are provided. All trash and recyclables must be placed in the appropriate bins. Construction debris and furniture MUST NOT be placed in Association bins or next to bins. They MUST be hauled offsite.**

**I am aware that a complete background/credit check will be conducted.**

**I/We have read the documents, By Laws and House rules of Coquina Gardens Condominium Association, Inc. and agree to comply with therewith.**

_____	_____	_____	_____
<b>Applicants Signature</b>	<b>Date</b>	<b>Applicants Signature</b>	<b>Date</b>

\_\_\_\_\_  
**For Official Use Only**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Denied:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for Denial:** \_\_\_\_\_

**RETURN YOUR APPLICATION AND FEES TO:**

**VOLHR CORPORATION**  
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**PET RESIDENCY APPLICATION**

Attach a COLORED photo of your Pet(s), and the copy of Immunization Certificate.

Owners Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1) Type of Pet: \_\_\_\_\_ Breed of Pet: \_\_\_\_\_

Present Weight: \_\_\_\_\_ Weight at Full Grown \_\_\_\_\_

2) Type of Pet: \_\_\_\_\_ Breed of Pet: \_\_\_\_\_

Present Weight: \_\_\_\_\_ Weight at Full Grown \_\_\_\_\_

\_\_\_\_\_ I do not have a pet(s) at this time.

\_\_\_\_\_ I understand falsification of information or failure to register my pet(s) will result in revocation or denial of approval by the Board of Directors.

\_\_\_\_\_ I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding control of my pet.

\_\_\_\_\_ I understand that this approval is only for this pet(s) and expires when the pet is no longer on the property.

\_\_\_\_\_  
Signature of Owner

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