

**Enchanting Shores CO-OP, Inc.**

17 Turquoise Ave. Naples, FL. 34114

239-775.1221 fax 239-775.5955 email: [enchantingshores@gmail.com](mailto:enchantingshores@gmail.com)

**Purchase Application and Residential Screening**

Attached you will find a Proposed Purchaser Application to be completed in preparation of the Purchase and Proprietary Lease. The Form must be completed to include all parties on the Shareholder Certificate.

Also, the Disclosure and Authorization Agreement and the Residential Screening Request must be completed by each person filling out both pages and providing their own information.

You must include proof of age; either Driver's License or Birth Certificate or each named person on the Application. A name of one Character Reference, including the telephone number, relationship and years known is required.

**Please, do not use the property owner as a reference.**

**Please return all paperwork to the ESC office and include a check in the amount of \$ 50.00 per person, made payable to: Enchanting Shores, Co-op. Inc.**

**A phone call will be made to confirm the results after the process is completed. If you have any questions, please feel free to contact the Enchanting Shores office.**

Thank you,

Nina Hart, Property Manager

**APPLICATION FOR MEMBERSHIP  
ENCHANTING SHORES CO-OP, INC.**

**PROPOSED PURCHASER**

DATE: \_\_\_\_\_

**TO: Board of Directors, Enchanting Shores CO-OP., Inc.  
17 Turquoise Avenue  
Naples, FL 34114**

**Tel.: 239.775.1221 Fax.: 239.775.5955**

**RE: Purchase Application**

I/we intend to purchase Lot Number \_\_\_\_\_, Street Name \_\_\_\_\_  
From: \_\_\_\_\_. In order for you as a CO-OP to facilitate consideration of my/our application for the purchase of the above-designated lot in **Enchanting Shores CO-OP, Inc.**, I/we, as purchaser{s}, represent that the following information is factual and true. As purchaser{s}, I/we are aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection of this application. I/we consent that you may make further inquiries concerning this application, particularly of the references given within.

**Enchanting Shores is a 55+ years of age membership Park. We follow and enforce the necessary regulations set forth to qualify for being a 55+ Park. One member of each household must be 55+ years of age to occupy the homes in this Park. Proof of age is required {copy of Driver's License, Birth Certificate or Passport}.**

**Special Notation: There are NO pets allowed within the Park and/or homes.**

I/we have read, understand, and will be bound by the **Rules and Regulations** of the CO-OP association and other CO-OP documents.

Occupancy of the designated lot will be limited to the purchaser and his or her immediate family. Said lot is to be occupied by no more than \_\_\_\_\_ persons. I/we will not sub-let this designated lot without first obtaining approval from the CO-OP.

FULL NAME of PURCHASER{S}: \_\_\_\_\_

Occupation of Purchaser {even if retired}: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP  
ENCHANTING SHORES CO-OP, INC.**

Occupation of Spouse: \_\_\_\_\_

Spouse's Age: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Home Phone Number; (\_\_\_\_\_) \_\_\_\_\_

Prior Home Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Name, address, and phone number of Landlord {if applicable}: \_\_\_\_\_

---

Two Personal References {local, if possible}

1). Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Home Phone Number; (\_\_\_\_\_) \_\_\_\_\_

2). Name: \_\_\_\_\_

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

City, State and Zip Code: \_\_\_\_\_

Home Phone Number; (\_\_\_\_\_) \_\_\_\_\_

Person to be Notified in the Case of an Emergency:

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

Address {street, city, zip}: \_\_\_\_\_

Contact's Phone Number; (\_\_\_\_\_) \_\_\_\_\_

**APPLICATION FOR MEMBERSHIP  
ENCHANTING SHORES CO-OP, INC.**

Club Affiliations: \_\_\_\_\_

Credit References:

1). \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name                      Address                      Phone Number

2). \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Company Name                      Address                      Phone Number

Vehicle Information:

1). Make: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

2). Make: \_\_\_\_\_ Year: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Mailing address for notice of acceptance or rejection of this application:

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

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

City, State & Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**The Rules and Regulations of Enchanting Shores CO-OP, Inc., provides an obligation of lot owners that all lots are for single-family residence. Please state the name and relationship of all other persons who will be occupying the lot regularly and/or living with you on a regular basis.**

<b>NAME:</b>	<b>RELATIONSHIP:</b>	<b>AGE:</b>	<b>SEX:</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICATION FOR MEMBERSHIP  
ENCHANTING SHORES CO-OP, INC.**

I/we understand that any violations of the terms, provisions, conditions, and covenants of the **ENCHANTING SHORES CO-OP, INC.** documents provides cause for available and immediate legal action as provided therein for termination of the leasehold under appropriate circumstances.

I/we will assume the monthly assessment payments {paid quarterly} to the CO-OP on:

\_\_\_\_\_

Month Year

Said Rider is attached to the Purchase Agreement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Applicant/Purchaser

\_\_\_\_\_  
Applicant/Purchaser

.....

Application received on: \_\_\_\_\_

Application is Approved: \_\_\_\_\_ or, Disapproved: \_\_\_\_\_

Application processing fee {transfer fee} received? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Approval and/or Disapproval: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

**APPLICATION FOR MEMBERSHIP  
ENCHANTING SHORES CO-OP, INC.**

Please provide the following information (when applicable):

Title Company Name: \_\_\_\_\_

Title Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel. Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Real Estate Agent Name: \_\_\_\_\_

Real Estate Brokerage Company Name: \_\_\_\_\_

R. E. Brokerage Company Address: \_\_\_\_\_

\_\_\_\_\_

Real Estate Agent Telephone: \_\_\_\_\_

Real Estate Agent Email Address: \_\_\_\_\_

**CLOSING DATE:** \_\_\_\_\_