



**PRINCETON PLACE V CONDOMINIUM 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 TWENTY (20) day prior to closing date.**

**SUBMIT WITH APPLICATION:**

- Copy of executed Sales Contract
- \$50 NON-REFUNDABLE application fee payable to PRINCETON PLACE V CONDOMINIUM ASSOCIATION, INC.
- \$50 NON-REFUNDABLE processing fee payable to KPG ACCOUNTING SERVICES, INC.
- \$50 **PER ADULT** FOR NON-REFUNDABLE Criminal Background fee payable to PRINCETON PLACE V CONDOMINIUM ASSOCIATION, INC.
- Two letters of personal reference
- 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 have read the attached Princeton Place V Rules and Regulations and agree to comply with them.

**(Initial Here) \_\_\_\_\_ (Initial Here) \_\_\_\_\_**

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