

**RESIDENT'S APPLICATION – Le CHATEAU ASSOCIATION, INC.**

All prospective residents must complete this application and submit it to the Association along with a **check payable to: Le Chateau Association, Inc. for the application fee (\$100 for first person plus \$50 per additional owner or resident...i.e. husband and wife is \$150) and a processing fee of (\$50.00 per Application) check payable to: Cams by Stacia prior to ownership and occupancy at Le Chateau. **All application and processing fees are Non-refundable.** An interview of the new owner(s) will then be arranged following which the prospective owner will be advised accordingly.**

Unit # \_\_\_\_\_

(Attach copy of executed purchase contract or lease agreement)

Applicant(s)

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Driver Lic# \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Driver Lic# \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Current Address:

\_\_\_\_\_  
(Street, City, State, Zip)

Own ( ) or Rent ( ) How Long? \_\_\_\_\_ Landlord Name \_\_\_\_\_

Landlord Phone Number \_\_\_\_\_

Employer \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Bank/Credit References

Bank \_\_\_\_\_ ( ) ckg ( ) svg Phone \_\_\_\_\_

Credit Reference (Name/Phone#) \_\_\_\_\_

3 References Who Have Known the Applicant for 5 years and are non-relatives:  
(Name, address, phone contact, relationship)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of all individuals who will be residents in the unit upon sale commencement:

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Have any of the persons listed above ever been convicted of a felony or criminal offense?  
Yes ( ) No ( )

It is my/our understanding that this application is preliminary only, and involves no obligation of the Board of Directors to approve this application. I/We certify that the above information is correct and authorize the Board of Directors to make a thorough personal/background/credit investigation. All Applicants must be interviewed prior to moving in. A copy of the rules and regulations has been given to me/us and I/we hereby acknowledge receipt of same. I/we understand them and hereby agree to abide by them.

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

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

APPROVED BY:

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

Use two forms for 2 or more prospective owners if needed.

Documents must be mailed USPS  
or dropped off to: **Community Association Management by Stacia:**  
[office@cam-ss.com](mailto:office@cam-ss.com)

Check may be mailed to: **CAMS by Stacia**  
**1800 2<sup>nd</sup> St Suite 853**  
**Sarasota FL 34236**  
**Office: (941) 315-8044**  
**Email: [office@cam-ss.com](mailto:office@cam-ss.com)**  
**All Application Must be mailed with Payment.**