

CAPRI WEST CONDOMINIUM ASSOCIATION, INC.

c/o: Argus Management of Venice, Inc.
1062 E. Venice Avenue – Venice, Florida 34285
Office: (941) 408-7413 ~ ArgusVenice.com

SALE & MEMBERSHIP APPLICATION

**THERE IS A \$100.00 NON-REFUNDABLE SCREENING COMMITTEE FEE FOR ALL APPLICANTS.
MAKE CHECK PAYABLE TO: CAPRI WEST CONDOMINIUM ASSOCIATION, INC.**

NOTICE: All applicants must have a personal interview before Board approval for occupancy.

Sellers Name: _____ **Unit #:** _____

Address: _____ **Phone:** _____

Buyer's Name(s): _____ **Phone:** _____

Present Address: _____

Mailing Address for Assessment Notices: _____

Email Address: _____

Date of Closing: _____ **Date of Occupancy:** _____ **Do you plan to rent unit?** _____

Is this Residence: Permanent: _____ **or Seasonal:** _____ **Provide Dates:** _____ **to** _____
(Example: Oct – May)

Units cannot be rented during the first year of ownership. There is a three-month minimum once a unit is available to rent.

Occupations (s): _____

Employers Name & Address: _____

_____ **How Long:** _____

Please list three credit references and addresses: _____

Are you buying this unit as one family? _____ **# of Children:** _____

Agent Name & Phone # (if any): _____

Agents Email: _____

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Year, Make & Color of Vehicle #1: _____

Year, Make & Color of Vehicle #2: _____

The buyer (s) understands and agrees to observe all rules, regulations and restrictions contained in the Association “Declaration of Condominium” and “By-Laws”, as well as all condominium rules established by the Board of Directors. The buyer(s) acknowledge having read the above-mentioned rules, regulations and restrictions by signing in the space provided below:

Signed: Buyer(s): _____ **Date:** _____

Buyer(s): _____ **Date:** _____

Witness: Seller(s): _____ **Date:** _____

Seller(s): _____ **Date:** _____

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BOARD ACTION: **Approved:** _____ **Rejected:** _____

Signature: _____ **Title:** _____ **Date:** _____