Naples Reserve Homeowners Association, Inc. c/o KW Property Management & Consulting, LLC 14885 Naples Reserve Circle Naples, FL 34114 Phone: (239) 231-4188

NaplesReserveAdmin@kwpmc.com

PURCHASE APPLICATION

***THE HOA REQUIRES 30 CALENDAR DAYS TO REVIEW AND PROCESS THE PURCHASE APPLICATION FROM THE RECEIPT OF A COMPLETED PACKET, WHICH INCLUDES PAYMENT ***

The seller/agent must submit the packet; it must be hand delivered or mailed, it may NOT be emailed; the HOA does not accept purchase applications directly from the buyer or through an intermediary service.

The seller is required to sign the Realtor Release form designating a point of contact (POC) prior to the submission of the application.

Closing Date (if known):

Please type or print legibly the following information:

Applicant Information:		
Buyer Name (1):		
Email:		Phone:
Buyer Name (2):		
Email:		Phone:
Current Home Address:		
City:	State:	Zip Code:
Business/Profession (applicant 1):		
If retired, former profession:		
Business/Profession (applicant 2):		
If retired, former profession:		

Naples Reserve HOA

Date:

Unit Address:

Purchase V. 5/2024

The Documents of Naples Reserve Homeowners Association, Inc. provide an obligation of unit owners that all units are to be used as Single-Family Residences ONLY. Please state the name, relationship, and age of all other persons who will be occupying the unit on a regular basis.

Name	Relationship	Age/DOB	

Have any of the applicants ever been convicted of a felony or crime involving violence to persons or property?

If so, please provide full details on a separate sheet of paper and return it with the application.

Person to be notified in case of an emergency:

Name:	Relationship:	Phone:
Address:	*	
Will this be your primary or se	asonal residence?	
Do you intend to lease the unit	?	
If being purchased by a trust of	r LLC please designate the prin	mary occupants:
1		
2		

☐ Rental Cars Only

Make / Model	Year	Color	License Plate	State

Will you have pets on the property?
□ Yes
\square No
If you have pets on the property, please fill out the Pet Registration form (to include a photo of each pet).

Please ensure all boxes are checked off on this list before submitting to the HOA.

Purchase Application Check List:
□ Completed Application (this form).
☐ I have read the Governing Documents for the community (all occupants 18 years and older). Documents may be found at NaplesReserveHOA.com/information.
☐ I have provided a copy of a valid Driver's License for all occupants 18 years and older.
☐ I have provided a legible copy of the complete sales agreement signed by both parties 30 days prior to closing.
☐ I have completed the consent for Brown's Background Check for all occupants 18 years and older.
□ \$200 application fee per single person or couple (married/significant other) (Please make check payable to: Naples Reserve HOA). Personal checks or credit cards in person only. Credit card payments can NOT be accepted over the phone (credit incurs a fee of 2.9% Visa/Master Card and 3.9% American Express); CASHIERS CHECKS AND/OR MONEY ORDERS ARE NOT ACCEPTED.
Total amount of check provided (application fee(s) = \$
Stickers for vehicle access may be purchased from the Management Office Monday

through Friday, 9:00 AM to 5:00 PM.

ALL FEES AND RFID CAR STICKERS ARE NON-REFUNDABLE AND NOT RETURNABLE.

New homeowners will receive 2 RFID stickers free of charge.

Additional RFID stickers are \$25.00 per sticker. RFID Stickers will not be sold for rental cars.

Please be advised that initial access to the community will only be granted as a registered guest of the management office. Please contact our office prior to arrival to be added to the guest list, (239) 231-4188 or NaplesReserveadmin@kwpmc.com. Upon arrival new owner/s must come to the office between 9:00 AM and 5:00 PM Monday through Friday with warranty deed and closing statement to receive new resident packet and all credentials. Entry to the community after initial entry is by RFID sticker or via the guest lane.

Please relay any questions on these policies and procedures to the HOA Office at NaplesReserveAdmin@kwpmc.com.

For questions regarding the status of the application or any other questions, the buyer should reach out to the seller or real estate agent directly.

I/We have read, and agree to abide by, the Declaration and any and all properly promulgated Rules & Regulations of Naples Reserve Homeowners Association, Inc.

Applicant Signature:	Date:	_
Applicant Signature:	Date:	

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Email: NaplesReserveAdmin@kwpmc.com

Naples Reserve Realtor Release

Address:	
Homeowner Name(s):	
Homeowner Email:	
Homeowner Phone:	
Homeowner has authoriz above property; maximu	ed the following agent(s) to sell, lease and/or host an open house at the n of two agents.
Agent 1 Name:	
Agent 1 Email:	
Agent 1 Phone:	
Agent 2 Name:	
Agent 2 Email:	
Agent 2 Phone:	
·	onsible for notifying the HOA of any changes to authorized real estate agents listed on this form.
I agree to the policies	and procedures outlined above by the Naples Reserve HOA Board of Directors.
Homeowner Signature	Date
Homeowner Signature	Date

The HOA Office must receive this signed form directly from the homeowner (either via email or in person).

BROWN'S BACKGROUND CHECKS CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER Naples Reserve Homeowners Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information: Applicant Name Social Security Number Date of Birth* *Date of Birth is requested in order to obtain accurate retrieval of records. If International please provide **Passport Number** Co-Applicants Name Date of Birth Social Security Number If International please provide Passport Number Alias/Previous Name(s) **Current Physical Address** City & State Zip code California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. **Notice to CALIFORNIA Applicants** Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the twoyear period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone. SIGNATURE DATE Co-Applicant SIGNATURE DATE