REFLECTION LAKE AT NAPLES I ASSOCIATION, INC.

C/O Allied Property Group 12689 New Brittany Blvd, Suite 3W Fort Myers, FL 33907 PHONE 239-241-6499 ext 200 mmonges@alliedpropertygroup.net

APPLICATION FOR APPROVAL TO PURCHASE

APPLICATION MUST BE SUBMITTED 20 DAYS BEFOFE CLOSING INCOMPLETE APPLICATION WILL BE RETURNED.

BUYERS WILL NEED TO REGISTER WITH THE MASTER. RESORT MANAGEMENT 239-649-5526

- 1. Include a \$150.00 application fee, make check payable to Reflection Lakes at Naples I Condominium Assoc. Inc
- 2. Include this complete application.
- 3. Include a copy of the sales contract.
- 4. Include a legible copy of a driver's license or photo I.D. for each applicant

Name of supervisor address

5. Payment for background/ credit screening \$75.00 per person 18yr or older, payable to Allied Property Group Note: For Canadian citizens: \$100 per adult. For other international screenings, please call Guardian for pricing Unit _____ Street Address _____ _ Closing Date _____) I/We apply for approval to purchase the Unit listed above.) I/We represent that the following information is complete and true and agree that any misrepresentation in this application will justify automatic rejection. I (We) consent to additional inquiry concerning this application, and if requested will agree to an appearance before the Board of Directors for further questioning. Applicant's Full Name Social Security # D.O.B. _____City _____State ___Zip___ Present Address U.S. Citizen? Yes No; If "no" please submit a copy of residency authorization or passport photo. Email address ____ cell ____ Applicant Driver's License # Applicant Employer (Self-employed, describe business):

Phone Name of supervisor_____ address_____ **Co- Applicant Full Name**________D.O.B._______ Present Address _____ City _____ State ____ Zip_____ U.S. Citizen? ______ Yes _____ No; If "no" please submit a copy of residency authorization or passport photo. Co-applicant's Email cell Co-applicant Driver's License#_____ Co-Applicant Employer (Self-employed; describe business):______ Phone ______ Phone _____

Wehicle Information Make of car	NAME	RELATIONSHIP	S.S	DOB
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Reside here part time Reside here full time Lease the Unit Person to be notified in emergency: Name: Phone# GENERAL CONDTIONS If We are aware that the units may not be occupied by more than (2) permanent residents per bedroom. This is a Collier County Coregulation. If We have read the Documents, By-Laws and House rules of Reflection Lakes at Naples I Association, Inc. and agree to comply therewith if this application for approval to purchase. If am aware that a criminal background/credit screening will be done and I give my approval. There is a \$75.00 charge per adult for the background/credit screening. The fee is \$100 per adult for Canadian citizens. Make the check payable to: Guardian Property Management. For other international screenings, please call Allied Property group for the cost. Along with its own governing documents, Reflection Lakes Condo. I, is also governed by the Reflection Lakes Master Association. Condo I buyers will need to register with Allied Property Group (the Master's Property Manager) 239-241-6499. A transfer fee is required. Applicant's signature Date Applicant's signature Date	Name	Ph	hone	
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