

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 BEFORE 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**
- 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 _____

Owned by: _____ 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.** _____

Present Address _____ **City** _____ **State** _____ **Zip** _____

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 _____ **Social Security #** _____ **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** _____

Name of supervisor _____ **address** _____

Other Family Members to Occupy the Unit: All occupants 18 years of age or older must provide their Date of Birth and Social Security Number for background check purposes

NAME	RELATIONSHIP	S.S	DOB
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Vehicle Information

Make of car _____ Year _____ License# _____ State _____

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CHARACTER REFERENCES ANYONE INVOLVED WITH THIS TRANSACTION IS NOT ACCEPTABLE

Name _____ Phone# _____

Address _____

Name _____ Phone _____

Address _____

I am purchasing this unit with the intention to:

Reside here part time _____ Reside here full time _____ Lease the Unit _____

Person to be notified in emergency:

Name: _____ Phone# _____

GENERAL CONDITONS

I/We are aware that the units may not be occupied by more than (2) permanent residents per bedroom. This is a Collier County Code regulation.

I/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.

I 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 _____

Approved By Board Member _____ Date _____

RETURN YOUR APPLICATION TO:
Allied Property Group
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