
Reflection Lakes at Naples Condo 1 Association, Inc.



PURCHASE APPLICATION

PLEASE NOTE THE FOLLOWING INFORMATION

- This application must be submitted 20 days before closing. Incomplete applications will be returned.
- Return this completed application, along with a copy of the sales contract, a legible copy of a driver's license or photo I.D. for each applicant, a check payable to **Reflection Lakes at Naples 1 Condo Association** for \$150 as an application fee, and a check payable to **Allied Property Group** for background and credit screening. The fee for credit screening is \$75 per person 18 years or older.
- Along with its own governing documents, Reflection Lakes Naples Condo 1 is also governed by the Reflection Lakes Master Association. Condo 1 buyers will need to register with the Master Association Property Manager, who is Allied Property Group. A transfer fee is required.
- If you intend to use your property in Reflection Lakes Naples Condo for rental purposes, be advised the association has guidelines for how often and to whom you may rent your unit. Before purchasing, you should familiarize yourself with the rental / lease guidelines for owners. These guidelines can be found on our official website: www.reflectionlakescondo1.com
- Please visit our official website: www.reflectionlakescondo1.com for links to all association documents, by-laws and house rules.

REFLECTION LAKES AT NAPLES 1 CONDO ASSOCIATION, INC.
APPLICATION FOR APPROVAL TO PURCHASE

Please refer to the current condominium association guidelines and house rules available on our website: www.reflectionlakescondo1.com

PURCHASE PROPERTY

Street Address and Unit #: _____

Current Owner of Residence: _____

Closing Date of Transaction: _____

PRIMARY APPLICANT INFORMATION

Primary Applicant Full Name: _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Present Zip: _____

U.S. Citizen? ____ Yes ____ No If no, please submit a copy of residency authorization or passport photo.

Email Address: _____

Cell Phone Number: _____

Applicant Driver License #: _____

Employer (If self employed, describe business): _____

Employer Address: _____

Employer Phone: _____

Name of Supervisor: _____

CO-APPLICANT INFORMATION

Co-Applicant Full Name: _____

Social Security Number: _____ Date of Birth: _____

Present Address: _____

City: _____ State: _____ Present Zip: _____

U.S. Citizen? ____ Yes ____ No If no, please submit a copy of residency authorization or passport photo.

Email Address: _____

Cell Phone Number: _____

Co-Applicant Driver License #: _____

Employer (If self employed, describe business): _____

Employer Address: _____

Employer Phone: _____

Name of Supervisor: _____

OTHER FAMILY MEMBERS TO OCCUPY 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	DOB	SS #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VEHICLE INFORMATION FOR APPLICANT (S)

Make of Car

Year

License #

State

CHARACTER REFERENCES

Name: _____ Phone : _____

Address: _____

Name: _____ Phone: _____

Address: _____

EMERGENCY CONTACT INFORMATION FOR APPLICANT

*In the event that the Condo Association needs to contact someone on your behalf in
the case of an emergency, please provide details*

Name: _____ Phone : _____

Relationship: _____

PURCHASE DETAILS

I (We) are purchasing this unit with the intention to:

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

IMPORTANT INFORMATION FOR THE APPLICANT AND CO-APPLICANT

By completing and signing this application, we acknowledge we are applying for approval to purchase the unit listed on this application. Further, we represent that the information provided is complete and true and agree that any misrepresentation in this application will justify automatic rejection. We consent to additional inquiry concerning this application, and if requested, will agree to an appearance before the Board of Directors for further questioning.

Additionally, we understand and agree to the following general conditions:

- I/We are aware that units may not be occupied by more than two (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 1 Association, Inc. and agree to comply therewith if this application is approved for purchase.
- A criminal background/credit screening will be done and give my approval for this. There is a \$75 charge per adult for the background screening. The fee is \$100 per adult for Canadian citizens. Make the check payable to Allied Property for the screening. For other international screenings, please call Allied for the cost.
- We have read the documents, by-laws and house rules of Reflection Lakes at Naples Condo 1 Association, Inc. and agree to comply therewith if this application for approval to lease is approved.

SIGNATURES OF APPLICANTS

Applicant Signature : _____ Date: _____

Co-Applicant Signature: _____ Date: _____

BOARD REVIEW

____ Approved Signature of Board Member: _____ Date: _____

____ Denied Signature of Board Member: _____ Date: _____

RETURN APPLICATION & CHECKS TO:
ALLIED PROPERTY GROUP
12689 NEW BRITTANY BLVD, UNIT 3W
FORT MYERS, FL 33907
ATTN: M. MONGES
mmonges@alliedpropertygroup.net