

**MAGNOLIA FALLS, INC.  
LEASE/PURCHASE APPLICATION**

**Must be submitted 20 days prior to lessee occupancy or closing, whichever is applicable.**

Date: \_\_\_\_\_

Have you rented in Magnolia Falls previously?  YES  NO      Address: \_\_\_\_\_      Unit #: \_\_\_\_\_      Return to: MAGNOLIA FALLS, INC.  
c/o Sandcastle Community Management  
5495 Bryson Drive, Suite 412  
Naples FL 34109  
Tel: 239-596-7200 Fax: 239-593-4812

Name of Current Owner: \_\_\_\_\_

Phone #: \_\_\_\_\_      Email Address: \_\_\_\_\_

I (we) hereby apply for approval to Lease Addr: \_\_\_\_\_      Unit #: \_\_\_\_\_  
Starting: \_\_\_\_\_      Ending: \_\_\_\_\_  
Sales/Leasing Agent: \_\_\_\_\_      Phone: \_\_\_\_\_      Email: \_\_\_\_\_

I (we) hereby apply for approval to Purchase Addr: \_\_\_\_\_      Unit #: \_\_\_\_\_

Closing Agent: \_\_\_\_\_      Closing Date: \_\_\_\_\_

Email address: \_\_\_\_\_      Phone #: \_\_\_\_\_

*Please submit the following:*

- 1) A **completely** filled out application form (Partially completed form will **not be considered**)
- 2) A signed copy of the lease **or** sales contract
- 3) A non-refundable check for \$100.00 sales or lease payable to MAGNOLIA FALLS, INC.
- 4) Two references letters must be attached. (For Purchases and Leases over 90 Days)
- 5) Number of applicants must match lease/purchase contract.

**\*\*\*Separate application & fee must be submitted for co-applicants (excludes married couples)\*\*\***

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below. **I understand I must submit an application with Collier County for Tax Purposes.**

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_

Current Home address: \_\_\_\_\_

Street Number / Name      City      State, Zip code      Telephone Number

Applicant (s) Email Address: \_\_\_\_\_

Current employer: \_\_\_\_\_      Position Held: \_\_\_\_\_

Employer's Address: \_\_\_\_\_      Phone # \_\_\_\_\_

Citizen of U.S.?  YES  NO      If no, submit document copy of residency authorization or passport photo page on leases over 90 days.

Have you ever been convicted of a felony? Yes  or No       If Yes, Explain \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_      Tel# \_\_\_\_\_      Relationship: \_\_\_\_\_

Make/Model of Car: \_\_\_\_\_      Year: \_\_\_\_\_      License No. \_\_\_\_\_      State: \_\_\_\_\_

Make/Model of Car: \_\_\_\_\_      Year: \_\_\_\_\_      License No. \_\_\_\_\_      State: \_\_\_\_\_

List two personal references (local if possible) (For Purchases and Leases over 90 Days)

Name: \_\_\_\_\_ Addr: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Name: \_\_\_\_\_ Addr: \_\_\_\_\_ Phone #: \_\_\_\_\_

List your Bank and Credit references (For Purchases and Leases over 90 Days)

Institution : \_\_\_\_\_ Addr: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type \_\_\_\_\_  
 Institution : \_\_\_\_\_ Addr: \_\_\_\_\_ Phone #: \_\_\_\_\_ Type \_\_\_\_\_

Use of this home is for single family residence only. Two occupants per bedroom.  
 Please list the names, relationship and age of all persons who will occupy your unit on a full time basis in addition to the applicants above.

<u>NAMES</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If purchasing, I am **purchasing** this unit with the intention to:  
 Reside in the unit full time                       Reside here on a part time basis  
 As an investment, not living in unit                       Live part time in unit, lease it out other times

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes  No

If yes, give details and dates \_\_\_\_\_  
 (Please use the back of this page if more space is needed.)

INITIAL \_\_\_\_\_ **I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Magnolia Falls, Inc.**

INITIAL \_\_\_\_\_ Purchaser(s): I (we) understand, in the event that the unit is leased/rented that I will be required to submit a completely filled out lease application, with references, and a nonrefundable check for \$100.00 to Magnolia Falls twenty (20) days prior to the rental taking place.

INITIAL \_\_\_\_\_ Occupancy Prior to Board of Directors approval is prohibited.

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The prospective purchaser(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s) occupancy prior etc.

The purchaser(s) will be advised by the Association's Management whether this application has been approved.

**I (we) have read, understood and agree to all of the statements above.**

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance on behalf of Magnolia Falls, Inc.

Approved  Disapproved

\_\_\_\_\_  
 Signature of Authorized Representative

\_\_\_\_\_  
 Date