

MAGNOLIA COVE OF FALLING WATERS

RETURN SALES PACKET TO RESORT MANAGEMENT REAL ESTATE DEPT

2685 Horseshoe Drive South, Suite 215, Naples, FL 34104

Ph: (239) 649-5526 / FAX: (239) 403-1061 / Email: Resort@ResortGroupInc.com

APPLICATION FOR APPROVAL TO PURCHASE

PLEASE PRINT OR TYPE. Please submit this form, along with required enclosures and fees 20 days prior to occupancy. Complete every section entirely. An incomplete application will cause a delay in processing and approval. APPROVAL MUST BE RECEIVED PRIOR TO CLOSING.

CURRENT PROPERTY OWNER: _____

Property Address: _____ UNIT # _____

Closing Date: _____

Please include: (An incomplete application package will cause delays in processing)

____ A fully Completed Application

____ Copy of Sales Contract

____ Background Check Form

____ NON-REFUNDABLE Application Processing Fees: **\$100.00 payable to Magnolia Cove of Falling Waters**

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR OWNERSHIP IN MAGNOLIA COVE OF FALLING WATERS IN ACCORDANCE WITH THE PROTECTIVE COVENANTS. The applicants represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry, which is necessary for the approval of this request.

Buyer's Name: _____

Buyer's Name: _____

Name on Deed, if different from above: _____

Additional Occupants - NOTE: Occupancy restricted to no more than TWO persons per bedroom, including children

NAME _____ AGE _____ Relationship _____

NAME _____ AGE _____ Relationship _____

NAME _____ AGE _____ Relationship _____

Buyer's Current Address: _____

City _____ ST _____ Zip _____ Ph # _____

Ph # _____ Email: _____

Person to be notified in emergency: _____

Phone: _____

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Business or Profession: _____

Employer Name: _____ How Long? _____

I am purchasing this unit with the intention to: _____ Reside here Full-time _____ Reside Part-time
_____ Lease the unit out

Three personal references (local if possible):

Name: _____ Address: _____

City/State/Zip/Phone#: _____

Name: _____ Address: _____

City/State/Zip/Phone#: _____

Name: _____ Address: _____

City/State/Zip/Phone#: _____

VEHICLES: Please fill out below.

Make/Model _____ COLOR _____ Yr _____ ST _____ LIC # _____

Make/Model _____ COLOR _____ Yr _____ ST _____ LIC # _____

I/We hereby acknowledge that I/We have received and read a copy of the Association Rules and Regulations and agree to abide by them, as well as any revisions which might occur in the future. I/We am/are aware that the Association may terminate a lease upon default by the Tenant in observing any of the provisions in the Documents. I/We understand the necessary confidential information will remain confidential by the Association's Officers and/or the Association's Designee. I/We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable.

AUTHORIZATION: I/We hereby authorize Resort Management and/or Magnolia Cove of Falling Waters to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction and criminal, and authorize that they contact any persons or companies listed on the application.

SECTION BELOW MUST BE FILLED OUT COMPLETELY!

Buyer Signature: _____ Date: _____

Buyer Signature: _____ Date: _____

Name of Realtor & Agency: _____

Realtor Contact Info: Phone: _____ Email _____

Title Co Name: _____ Ph # _____

***** Single-sided copies only / NO double-sided copies *****

ACTION BY BOARD OF DIRECTORS: APPROVED _____ DISAPPROVED _____

BY _____ TITLE _____ Date _____

