

**Falling Waters
Cascades Association
SALE APPLICATION**

Condo Address: _____ Cascades Drive Unit # _____

Name of Seller(s): _____

Sellers Phone #: Home _____ Cell _____

- A signed copy of the Sales Agreement must be submitted along with this application.
- A non-refundable, non-transferable check for \$100 made payable to Cascades of Falling Waters Inc. is to be submitted with this application.
- NOTE: Unit rentals/leases are restricted to no less than 28 days.

Name(s) of Buyer: _____

Address of Buyer: _____

Telephone #: Home _____ Cell _____

Government issued ID type / number: _____

Will you be a full time resident? Yes ____ No ____

Emergency Contact (name, relationship, phone number):

I have received, read, and agree to abide by the Rules and Regulations of Cascades of Falling Waters Inc.

Buyer's Signature: _____ Date: ____/____/____

Co-Buyer's Signature: _____ Date: ____/____/____

Mail application, payment, and lease agreement to:

Cascades of Falling Waters Inc. C/O Guardian Property Management
6704 Lone Oak Blvd
Naples, FL 34109

For additional information contact Mark Schadler at Marks@guardianpropertymanagement.net
[239-514-7432](tel:239-514-7432)

Mgt. Co. Approval: _____ Date: ____/____/____

Association Approval: _____ Date: ____/____/____

Please fill out this form completely and mail it to the above address along with your Sales Agreement and your check for \$100. Incomplete sales applications will be rejected.