

**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 \$150 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):  
\_\_\_\_\_

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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 Loan Oak Blvd  
Naples, FL 34109

For additional information contact Mark Schadler at [Marks@guardianpropertymanagement.net](mailto:Marks@guardianpropertymanagement.net)  
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 \$150. Incomplete sales applications will be rejected.**