

MARBELLA LAKES CONDO ASSOCIATION

C/O SOUTHWEST PROPERTY MANAGEMENT

1044 CASTELLO DRIVE, SUITE 206

NAPLES, FL 34103-1900

PHONE (239) 261-3440 / FAX (239) 261-2013

APPLICATION FOR PURCHASE

- () **\$100.00** App. Fee Check, payable to Marbella Lakes Condo Assn. (non-refundable)
- () Completed Sales contract attached
- () Copy of driver's license attached (Each Applicant)

APPROVAL REQUIRED –

Application must be delivered / mailed to Southwest Property Management office at above address. All documents must be submitted with the application. Please allow 30 days for processing and approval prior to closing date. Incomplete Applications will be returned to sender. Please do not bend fold or staple applications as this will delay application processing.

Contact Property Manager: (239) 430- 5690 or e-mail KBill@swpropmgt.com

PROPERTY INFORMATION

STREET ADDRESS
NAME OF CURRENT OWNER

APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS MARRIED () SINGLE ()	MARTIAL STATUS MARRIED () SINGLE ()

PET INFORMATION

(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

Please circle the number that applies

I am purchasing this property with the intention to:

- (1) Reside here on a full-time basis
- (2) Reside here on a part-time basis
- (3) Lease the Home

I hereby apply for approval to purchase a home in MARBELLA LAKES a Condo Association and for membership in the Homeowner’s Association.

I / We will provide the Association with a copy of our recorded deed within (10) days after closing.

I am aware of and agree to abide by the MARBELLA LAKES HOME OWNER’S & CONDO ASSOCIATION’S Declaration, the Articles of Incorporation and Bylaws of the Association, and I acknowledge a receipt of a copy of the Association rules.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify it’s disapproval. I consent to your further inquiry concerning this application, particularly of the references given and an investigation into my background.

Signature

Date

Printed Name
APPLICANT #1

Signature

Date

Printed Name
APPLICANT #2