

LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.

**APPLICATION FOR APPROVAL TO
PURCHASE**

TO:

The Board of Directors of Lakeside Lake Homes Neighborhood Association, Inc.

I hereby apply for approval to PURCHASE _____ in Lakeside Lake Homes Neighborhood Association, and for membership in the Homeowner's Association.

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 its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____
Date of Birth: _____
2. Full name of Spouse (if any): _____
Date of Birth: _____
3. Home Address: _____
E-Mail: _____
Telephone: Home: () _____
Business: () _____
Cell: () _____
4. Social Security number of Applicant: _____
Social Security number of Spouse: _____
5. Nature of Business
or Profession. _____
If retired, former
business or profession. _____
6. Company or Firm name _____
7. Business address _____

8. The documents of Lakeside Lake Homes Neighborhood Association restrict units to use as single family residences only.

Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

Print Name

DOB

Relationship

Signature

(Signatures are required of all additional persons over the age of 18 who will be occupying the residence on a regular basis). By signing above as an adult occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.

9. Name of current or most recent landlord: _____

Address: _____

City/State _____ Zip _____ Phone () _____

10. Two personal references (local if possible)

Name: _____

Address: _____

City/State _____ Zip _____ Phone() _____

Name: _____

Address: _____

City/State _____ Zip _____ Phone () _____

11. Person to be notified in case of emergency:

Name: _____

Address: _____

City/State _____ Zip _____ Phone () _____

12. All motor vehicles to be kept at the Property:

No trucks, recreational vehicles, or other motor vehicles, except four-wheel passenger automobiles or vans, as determined by the BOD shall be placed, parked or stored upon any site, the Master common areas or in the Neighborhood common areas. Violators are subject to be towed at their own expense. Notwithstanding the foregoing, trucks or service vehicles may be parked in Lakeside of Naples after 6:00 AM and before 12:00 AM daily.

Vehicle #1

Model/Make: _____ Year: _____

License Number: _____ State: _____

Vehicle #2

Model/Make: _____ Year: _____

License Number: _____ State: _____

Mailing address for notices connected with this application:

Name: _____

Address: _____

City/State _____ Zip _____

13. *Please circle the number that applies:*

I am purchasing this unit with the intention to:

(1) reside here on a full-time basis;

(2) reside here part-time

(3) lease the unit.

Scheduled Closing Date: _____

Title Company/Attorney: _____ Telephone: _____

Contact: _____ E-Mail: _____

Please indicate how you wish to take Title and where you would like correspondence sent after closing (Official Mailing Address): _____

I (We) will provide the Association with a copy of our recorded Deed within ten days after closing.

14. I am aware of, and agree to abide by the Bylaws, Articles of Incorporation, and Rules and Regulations for Lakeside Lake Homes Neighborhood Association, Inc. I am also aware and agree to abide by the Declaration of Covenants, Conditions and Restrictions for Lakeside of Naples and the Bylaws, Articles of Incorporation and Summary of Restrictions, Rules and Regulations for Lakeside of Naples Residents Associations, Inc. (LNRA) and any and all other properly promulgated rules and regulations. Guest occupancy is restricted in the absence of the owner or tenant.

15. Owners are restricted to size and number of pets they may keep. Pets: ____ Yes ____ No.

If Yes, please state type and weight: _____.

Tenants and guests are prohibited from having pets.

17. Is anyone applicant or anyone residing in the unit a smoker? ____ Yes ____ No

The prospective purchaser will be advised by the Association office within a 15 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved.

18. **PRIMARY OCCUPANT** - Primary occupant means the natural person approved for occupancy when title to a unit is held in the name of two or more persons who are not husband and wife, or by a Trustee or a Corporation or other entity which is not a natural person. Please list the primary occupant of this unit:

Name _____ Relationship _____ Signature _____

(Signature is required of the designated Primary Occupant. By signing above as the primary occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.

DATED _____

Applicant (Prospective Purchaser)

DATED _____

Co-Applicant (Prospective Co-Purchaser)

The executed sales contract and a check for \$150, payable to Lakeside Lake Homes Neighborhood Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application.

As the rental agent for the unit owner or the unit owner the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Neighborhood, including termination of the lease and removal of the tenant.

Owner

Signature of Owner

E-mail

Telephone

Realty Company (if applicable)

Signature of rental agent

Phone number of rental agent

Print name of rental agent

APPLICATION APPROVED _____ DISAPPROVED _____

DATE: _____

BY: _____

Officer or Director or Authorized Representative

Please return all completed paperwork to:
Lakeside of Naples Residents Association, Inc.
c/o Ability Management
6736 Lone Oak Blvd
Naples, FL 34109-6834
(239) 591-4200