

VILLAGES OF BONITA HOMEOWNERS ASSOCIATION, INC.
APPLICATION FOR APPROVAL OF PURCHASE

I/we hereby submit this form to purchase (address) _____ at Villages of Bonita Homeowners Association, Inc. **A completed copy of the signed sales contract must be attached.**

Prospective closing date: _____ Occupancy Date: _____

I/we represent that the following information is factual and correct, and agree that there is no falsification or misrepresentation in this information. I/we consent to your further inquiry concerning this application, particularly of the references given below. I/we understand that any falsification of information may result in the denial of approval of this application by the Board of Directors.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

Name of seller: _____

1. Full name of applicant(s): _____

2. Mailing address: _____

3. Phone number: (____) _____ Cell: (____) _____

4. Email: _____

5. Employer: _____ How long _____

6. Business Address: _____

7. The documents of Villages of Bonita Homeowners Association, Inc. provide for the obligation of unit owners that all units are to be used as single-family residences only. Please state the name, age and relationship of all other persons who will be occupying the unit on a regular basis:

Name: _____ Age: _____ Relationship: _____

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8. Person to be notified in the case of emergency:

Name: _____ Phone #: _____

Relationship to Applicant: _____

Address: _____

Email: _____

9. Pet (s) you plan to bring to Villages of Bonita Homeowners Association, Inc. property

Type/breed: _____ Weight: _____

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10. I/we am/are purchasing this unit with the intention to: (circle one)

(a) Reside here on a full-time basis

(b) Reside here on a part-time basis

(c) Lease the unit – if leasing*, will it be: Seasonally _____ Annually _____

(d) Other _____

*I understand and will abide by the Association's Lease Policy (Initials) _____

Have you ever been convicted of a crime? _____ If so, please explain:

**** Please note you will be responsible to contact the Master Association for the transfer of your gate clickers and to obtain a gate code.**

11. Make of car(s) to be kept at the residence:

Model/Make: _____ Year: _____

Color: _____ Plate #: _____ State: _____

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Color: _____ Plate #: _____ State: _____

By signing below I/we acknowledge receipt of the Declaration of Covenants, Articles of Incorporation, Bylaws and rules and regulations, a copy of which is to be provided by the seller.

I/we are aware of and agree to abide by the Association's Governing Documents, and any and all other properly promulgated rules and regulations and amendments in effect within the terms of my/our ownership.

Dated: _____

Signature of applicant

Print Name

Signature of co-applicant

Print Name

Please return this completed form to the address below with the following items:

- 1. \$100.00 non-refundable processing fee payable to Villages of Bonita Homeowners Association, Inc.**
- 2. \$30.00 PER ADULT non-refundable background check fee payable to SAK & Associates Mgmt, Inc.**
- 3. Disclosure consent form complete for each adult applicant for background check**
- 4. THREE completed character reference forms**
- 5. A copy of the signed receipt of the rules and regulations**
- 6. A completed copy of the signed sales contract.**

**SAK & Associates Mgmt, Inc.
12901 McGregor Blvd
Ste 20-216
Ft. Myers, FL 33919**

Character Reference Form for Purchase of Address Below

Street Address: _____

City, State, & Zip: _____

Applicant's Name: _____

Telephone Number: _____

Email Address: _____

To Whom It May Concern:

The applicant named above is applying for membership into a Deed Restricted Community in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent in verifying the character and stability of the applicant.

Upon completion, please return this form to the APPLICANT. This completed Character Reference form MUST be sent with the application in order for the Board to approve their purchase or lease. Thank you for your assistance in this matter.

How do you know the applicant? _____

For how long have you known the applicant? _____

Would the applicant make a good neighbor, in your opinion? ☐ Yes ☐ No

Please describe the applicant's character and stability, as you know them:

Your name (Please print) _____

Signature: _____

Telephone Number: _____

Email Address: _____

Date: _____

DISCLOSURE CONSENT APPLICATION

Please complete this form for each person to occupy the unit of the age 18 and older. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Please Print Your Full Name

Social Security Number

Please Print Any Other Names You Have Used

Date Of Birth

Street Address

City

State

Zip Code

Driver's License #

Exp. Date

State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature

Date

Witness

Date

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Signature

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Witness

Date

VILLAGES OF BONITA HOMEOWNERS ASSOCIATION, INC.

RECEIPT OF RULES AND REGULATIONS

I/we have received, accepted and agree to abide by the Rules and Regulations for Villages of Bonita Homeowners Association, Inc. as set forth in the Declaration of Covenants, Articles of Incorporation, and Bylaws.

Signature

Date

Print Name

Signature

Date

Print Name