

**APPLICATION FOR APPROVAL TO PURCHASE OR LEASE A UNIT**

Family Property Services, Inc.  
1330 Rail Head Blvd. #4, FL 34110  
Phone 239-566-8044 Fax 239-566-8104

Application for Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ Today's Date \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Term of Lease: \_\_\_\_\_ to \_\_\_\_\_

Unit Owner Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

Name of Buyer(s) or Lessee(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**We will accept association documents e-mailed to this address: Yes or No**

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Own ( ) or Rent ( ) How long? \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Fax: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
Applicant Co-Applicant

Driver License Number: \_\_\_\_\_  
Applicant Co-Applicant

Number of persons to be in residence: \_\_\_\_\_

Names of persons to be in residence: \_\_\_\_\_

Type of pet(s): \_\_\_\_\_ Weight of pet: \_\_\_\_\_ (in pounds)  
(Please refer to the documents regarding restrictions and or rules towards pets)

Current Landlord or Mortgage Holder  
Name and Phone Number: \_\_\_\_\_

Applicant Current Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Current Occup: \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Yr: \_\_\_\_\_ Color: \_\_\_\_\_ Lic. Number: \_\_\_\_\_

**Application for Approval for Sale or Lease Page 2:**

Have you ever: Filed bankruptcy? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

Been convicted of a felony? \_\_\_\_\_ What year? \_\_\_\_\_ What for? \_\_\_\_\_

Been convicted for being under the influence or dealing in drugs, including alcohol? \_\_\_\_\_ Year: \_\_\_\_\_

**A copy of the purchase contract or lease agreement, two (2) personal reference letters with current phone numbers, AND a check or money order in the amount of \$100.00 payable to Marbella at Spanish Wells Homeowners Association, *MUST* all be attached to this application and sent to the Association c/o Family Property Services, Inc., 1330 Rail Head Blvd. #4, Naples FL 34110. (239) 566-8044.**

**Approval will not be granted if incomplete.**

**The information as described above must be submitted at least twenty (20) days prior to the intended closing date or starting lease date.**

I\WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I\WE UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE. I\WE AM\ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF ASSOCIATION, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I\WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I\WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE.

Date: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

A copy of the approval is to be sent to the following address \_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S DO NOT WRITE BELOW THIS LINE**

Application Approved      YES    NO

By: \_\_\_\_\_ Date \_\_\_\_\_

Name and Title

Application completed: Yes ( ) No ( )    Application Fee Submitted ( ) No ( )

Check or money order # : \_\_\_\_\_

Copy of sales contract or lease attached: Yes ( ) No ( )

Copy of two personal references attached with telephone numbers: Yes ( ) No ( )

Information verification completed by:

Reasons for action taken:

\_\_\_\_\_