

Walden Shores Property Owner's Association, Inc.
Application for Approval to Purchase a Unit
C/O Ability Management, Inc.
6736 Lone Oak Boulevard, Naples, FL 34109-6834
Phone: 239-591-4200 Fax: 239-596-1919

Closing Date

Current Owner Name

Property Address

Name of Buyer(s)

Current Address

City State Zip

Own : () Rent : () How Long:

E Mail Address

Telephone Numbers

Applicant

Co-Applciant

Driver License Number

Applicant

Co-Applciant

Date of Birth

Applicant

Co-Applciant

Number of Persons to be in Residence

Names of Persons to be in Residence

Type of Pet: Weight of Pet (in pounds)

(Please refer to the HOA documents regarding restrictions and/or rules regarding pets)

Current Landlord or Mortgage Holder Name and Phone Number

Applicant Current Occupation

Phone:

Co-Applciant Current Occup.

Phone:

Vehicle Make/Model YR Color Lic#

Vehicle Make/Model YR Color Lic#

Have you ever filed bankruptcy? What year?

Have you ever been convicted of a felony? What for?

Have you ever been convicted for being under the influence or dealing in drugs, including alcohol?

Year

Rev 5/3/16

**Walden Shores Property Owner's Association, Inc.
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Please provide two personal or business references:

Name #1

Phone: _____ Relationship: _____

Name #2

Phone: _____ Relationship: _____

A copy of the purchase contract, and a check or money order in the amount of \$100.00 payable to Walden Shores Property Owners' Association, Inc. MUST be attached to this application and sent to the Association C/O Ability Management, Inc. 6736 Lone Oak Boulevard, Naples, FL 34109-6834 Phone: 239-591-4200 Fax: 239-596-1919

Approval will not be granted if incomplete.

The information 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 Covenants, Articles of Incorporation, and By-Laws 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.

AUTHORIZATION: I/We hereby authorize Ability Management, Inc. and/or Walden Shores Property Owners' Association, Inc. to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction and criminal, and authorize that they contact any persons or companies listed on the application.

**** A PERSONAL INTERVIEW BY THE BOARD IS REQUIRED****

Date _____ Applicant Signature _____

Co-applicant Signature _____

Applicant please do not write below this line

Application Approved By: _____ Date _____

Application Disapproved By: _____ Date _____

Application completed: Yes () No () Application Fees Submitted: Yes () No: () Check# _____

Copy of Sales contract: Yes () No ()

Information verification completed by: _____

Reason for action taken: _____