

Request for Approval to Purchase in
Le Jardin Condominium Association, Inc.
4201 Gulf Shore Blvd. North
Naples, FL 34103
239-649-8563

To The Board of Directors of the Le Jardin Condominium Association, Inc.:

I hereby apply for approval to purchase unit _____ in Le Jardin, a Condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement and the \$100.00 application fee are attached.

In order to facilitate consideration of this application, I/we represent the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION.

1. Full Name of Applicant _____

2. Full Name of Spouse _____

3. Home Address(s) _____

Home Phone _____ Cell Phone _____

E-mail address(s) _____

Social Security # of Applicant _____ Date of Birth _____

Social Security # of Spouse _____ Date of Birth _____

4. Business or Profession _____

If retired, former business or profession _____

5. Company or Firm Name _____

6. Business Address _____

_____ Business Phone _____

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7. The condominium documents of Le Jardin, a condominium, provide an obligation of unit owners that all units to be used as single family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

8. Two Personal References (local if possible)

Name_____

Address_____

City/State_____ Zip_____

Home Phone_____ Cell Phone_____

Name_____

Address_____

City/State_____ Zip_____

Home Phone_____ Cell Phone_____

Two Credit References (local if possible)

Name_____

Address_____

City/State_____ Zip_____

Phone_____

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Name_____

Address_____

City/State_____ Zip_____

Phone_____

10. Bank Reference (local if possible)

Name_____

Address_____

City/State_____ Zip_____

Phone_____

11. Person to be notified in case of emergency

Name_____

Address_____

City/State_____ Zip_____

Home Phone_____ Cell Phone_____

12. Mailing address for billing purposes

Name_____

Address_____

City/State_____ Zip_____

Phone_____

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13. I/we will reside in this unit

Part time _____ Full time _____

14. I/we will provide the Association with a copy of our signed deed within ten days after closing.

15. I/we have been made aware of, and agree to abide by the Declaration of Condominium of Le Jardin, the Articles of Incorporation, bylaws and any and all property promulgated rules and regulations.

The prospective purchaser will be advised by the Association office within a 30 day period from the date of application of whether this application has been approved.

DATED _____

APPLICANT _____

APPLICANT _____