

# Colony Lakes

Property Association, Inc.  
c/o Hayden & Associates  
12650 Whitehall Drive  
Fort Myers, Florida 33907  
Ph: 239-489-4890 Fax: 239-489-4980

## \*\*\*Sale Application\*\*\*

This application must be submitted along with a non-refundable processing fee of \$100.00 to the Board of Directors via Hayden & Associates. A minimum of 20 days processing time is required prior to closing. A copy of the sales contract must be included with the application, a copy of each applicant's driver's license and a background check will need to be submitted for all applicants. Make checks payable to Hayden & Associates.

### NO NEW OWNERS MAY MOVE INTO COLONY LAKES WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.

Unit # \_\_\_\_\_ Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone # \_\_\_\_\_

Owner's Email: \_\_\_\_\_

<b><u>Personal Information:</u></b>	<u>Applicant</u>	<u>Spouse/Co-Applicant</u>
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Buyer(s) Names: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

Vehicle (s): \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

### **Employment Information:**

Occupation(s)(if retired, former occupation): \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone #: \_\_\_\_\_

### **Buyer Agent Information:**

Name of Real Estate Agent: \_\_\_\_\_

Real Estate Company Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**Additions Information:**

Will anyone other than those listed above occupy this unit? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, whom? \_\_\_\_\_

Relationship: \_\_\_\_\_

Pets? If yes, what? \_\_\_\_\_

**Residential History:**

Present Address: \_\_\_\_\_

How long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency contact:**

Name/Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**References: (2) – Please give names, addresses, and phone numbers:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please read the following and sign this application:**

1. I have received and read a copy of the Colony Lakes Property Association’s Rules and Regulations and Use Restrictions, along with this application. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside at Colony Lakes.
2. I understand and agree that the Association, in the event a unit is leased, is authorized to act as the owner’s agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests.
3. In order to facilitate the consideration of this application, I (we) affirm that the information is factual and true, that any falsification or misrepresentation of the facts in the application will justify is automatic rejection.
4. I acknowledge a Capital Contribution Fee of \$250.00 is due to Colony Lakes Property Association at the time of closing.

Applicant Signature \_\_\_\_\_ SS# \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ SS# \_\_\_\_\_

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**APPLICATION: APPROVED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_

Board Member/Agent: \_\_\_\_\_ Date \_\_\_\_\_

If application is denied, give reason: \_\_\_\_\_