

STELLA MARIS MASTER HOMEOWNERS ASSOCIATION INC.

c/o Cardinal Management Group of Florida, Inc.
4670 Cardinal Way, Suite 302
NAPLES, FL 34112
PHONE (239) 774-0723 FAX (239) 775-0723

APPLICATION FOR APPROVAL TO PURCHASE

In order to process this application, the following items **MUST be included:**

- 1. A signed copy of this completed application.**
- 2. A non-refundable check** in the amount of **\$150.00** made payable to: Cardinal Management Group of Florida
- 3. A copy of the Sales Contract**
- 4. Payment for background screening \$50 per person 18yr or older**, payable to Cardinal Management Group of Florida
- 5. A copy of Driver's License or photo I.D. for each applicant (18 years of age or older). Passport for international.**

The Board of Directors has 20 days to approve or disapprove your application. Please have your completed application turned into our office at least 30 days before closing.

Property street address _____

Current Owner: _____

Closing Date: _____

I/We apply for approval to purchase the property listed above with intent to use it as:

() Primary Residence () Secondary residence () Investment for rental

I (We) represent that the following information is complete and true, and agree that any misrepresentation in this application will justify automatic rejection. I (We) consent to additional inquiry concerning this application, and if requested, will agree to an appearance before the Board of Directors for further questioning.

Applicant's Name _____

Date of Birth _____ Social Security Number _____

Co-Aplicant's Name _____

Date of Birth _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip _____

Prior Address _____ City _____ State _____ Zip _____

Applicant's: Phone # _____ Co-Aplicant's Phone # _____

Applicant's email _____ Co Applicant's email _____

Citizen of U.S.? Self? _____ Co- applicant _____ If not US citizen, please provide passport

Driver's License # _____ Co-aplicant License# _____

Business or Profession (even if retired) _____

Co-aplicant's Business or Profession (even if retired) _____

Vehicles

Make of car (s) _____ Year _____ License# _____ State _____

_____ Year _____ License# _____ State _____

The Documents of Stella Maris Homeowners' Association Inc., provide obligation of the homeowners that all homes are for single family residence only. Please state the name, relationship, and age of all other persons who will be occupying the unit.

NAME	RELATIONSHIP	AGE	D.O.B.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person to be notified in emergency:

Name: _____

Contact Information: _____
(Phone number/E-mail)

I am aware of, and agree to abide by the Homeowners Documents for Stella Maris HOAs and any and all property promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

I understand and agree that the Association, in the event it approves the sale, 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 of provisions of the Declaration of Covenants, By-Laws and Rule and Regulations

I am aware that a criminal background screening will be done and I give my approval. There is a \$50 charge per adult for the background screening. The fee is \$100 per adult for Canadian citizens. Make the check payable to: Cardinal Management Group of Florida.

Buyer's signature Date

Buyer's signature Date

Approved By Board Member Date

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE ABOVE APPLICATION

RETURN YOUR APPLICATION TO:

Cardinal Management Group of Florida
4670 Cardinal Way, Suite 302
Naples, FL 34112