

# BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC.

c/o - Sandcastle Community Management  
9150 Galleria Court Suite 201, Naples, Florida 34109  
239-596-7200 (office)

## PURCHASE APPLICATION FORM

Submit this form with **ALL** required enclosures at least **THIRTY (30) DAYS** prior to closing to allow for processing time.

Seller Name: \_\_\_\_\_

Property Address \_\_\_\_\_

Closing Date: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR OWNERSHIP IN BERMUDA GARDENS CONDOMINIUM ASSOCIATION, INC. I/We represent that the following information is complete, true and agree that any misrepresentation in this application will justify fines up to the limit permitted under Florida law. **I/We consent to your further inquiry concerning this application including a criminal background check.**

Buyer: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

Spouse/ Co-Applicant: \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS# \_\_\_\_\_

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

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

Applicant's Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*The Condominium Documents of Bermuda Gardens Condominium Association, Inc. Provide an Obligation of property owners that all condos are for "Single Family" Residence only. Please state the name and age of all other persons who will be occupying the home regularly.*

### **Occupants other than applicant and spouse:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

### **I am purchasing this property with the intention to:**

\_\_\_\_\_ Reside here on a full time basis \_\_\_\_\_ Reside here on a part-time basis \_\_\_\_\_ Lease the home

Auto #1 Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Yr. \_\_\_\_\_ Tag# \_\_\_\_\_ ST \_\_\_\_\_

Auto #1 Make/Model \_\_\_\_\_ Color \_\_\_\_\_ Yr. \_\_\_\_\_ Tag# \_\_\_\_\_ ST \_\_\_\_\_

### **After Closing – list contact information to receive information from association:**

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Real Estate Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Title Company / Closing Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Initial** \_\_\_\_ **Initial** \_\_\_\_\_ I/we understand and agree that the association in the event it approves a Lease, 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 Documents and the Rules and Regulations of the Association.

**Initial** \_\_\_\_ **Initial** \_\_\_\_\_ I/We hereby certify by the undersigned’s signatures(s) the Association Documents, By-Laws and all Rules and Regulations have been received, read and understood before entering into any agreement for the purchase of the above mentioned property and before the execution of this application form. The undersigned acknowledges that the governing documents are subject to change by amendments approved by the board of directors from time to time and that the undersigned will comply with any and all of such amendments as well as with the Rules & Regulations as they exist at the time this application form is executed by the undersigned. (Seller should provide buyer with Association documents. Sandcastle Community Management does not provide Association documents)

➔ BUYER SIGNATURE \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

➔ Spouse/Co-applicant SIGNATURE \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

The following items **MUST be included** at the time the application is submitted to Sandcastle Community Management.

- \_\_\_\_\_ Fully completed application
- \_\_\_\_\_ Copy of the ***executed*** Sales Contract
- \_\_\_\_\_ Pet Registration form (if no pet check at top of form and sign)
- \_\_\_\_\_ \$150.00 Non-Refundable Application fee payable to: **“Bermuda Gardens Condominium Association, Inc.”**
- \_\_\_\_\_ 3 letters of reference (see attached) – non-family members

**Mail or bring to our office:  
Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL. 34109  
239-596-7200 – office**

\*\*\*\*\*

***Acceptance on behalf of: Bermuda Gardens Condominium Association, Inc.***

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative  
or Board of Directors*

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

# BERMUDA GARDENS CONDOMINIUM ASSOCIATION, Inc.

## Pet Registration Form

(Two pets only of domestic household – dog or cat -30# or less)

\_\_\_\_\_ **I DO NOT HAVE A PET AT THIS TIME**

I understand that falsification of information or failure to register my pet will result in action regarding rules violations by the Board. I further understand that I am fully responsible for the action of my pet. I understand that this Pet Registration is only for this pet and expires when the pet is no longer on the property.

Owner: \_\_\_\_\_

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

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Type of Pet: \_\_\_\_\_ Present Weight: \_\_\_\_\_

Breed: \_\_\_\_\_ Weight at Maturity: \_\_\_\_\_

Name of Pet(s): \_\_\_\_\_

***Attach a copy of immunization record & photo of your pet.***

\_\_\_\_\_  
Signature of Owner Date

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

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

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature