

## BERMUDA ISLES PURCHASE CHECK OFF LIST

1. \_\_\_\_\_ A copy of the executed sales contract
2. \_\_\_\_\_ A non-refundable check or money order for application fee of \$80.00 payable to Bermuda Isles I Condominium Association, Inc.
3. \_\_\_\_\_ A non-refundable check or money order for processing fee of \$70.00 payable to Ability Management, Inc. Per applicant 18 years of age or older or per married couple (If different last names must provide marriage license.)
4. \_\_\_\_\_ Two (2) personal reference letters with current phone numbers. Please do not use family members or anyone connected with this application.
5. \_\_\_\_\_ COPY OF ID for each applicant, MUST be attached.
6. \_\_\_\_\_ SIGNED COPY OF THE USE RESTRICTIONS/RULES, SIGN EACH PAGE
7. \_\_\_\_\_ Mail or hand deliver entire package to Ability Management, 6736 Lone Oak Blvd, Naples FL 34109
8. \_\_\_\_\_ Approval will not be granted if incomplete.
9. \_\_\_\_\_ Email address of Title company

**NO MOTORCYCLES OR SCOOTERS ALLOWED IN BERMUDA ISLES**

**\*\*\*\*INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED. THIS WILL DELAY THE APPROVAL OF YOUR APPLICATION\*\*\*\***

BERMUDA ISLES I CONDOMINIUM ASSOCIATION, INC SALES APPLICATION

c/o Ability Management  
6736 Lone Oak Blvd  
Naples, FL 34109  
Office: (239) 591-4200

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

Current Unit Owner Name: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How long? \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Number of persons to be in residence: \_\_\_\_\_ Names of persons to be in residence: \_\_\_\_\_

Applicant Current Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Current Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ What year? \_\_\_\_\_

Been convicted of a felony? \_\_\_\_\_ What year? \_\_\_\_\_ What for? \_\_\_\_\_

Been convicted for being under the influence or dealing in drugs, including alcohol? \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Number: \_\_\_\_\_

Title Company: \_\_\_\_\_ Email: \_\_\_\_\_

**The information as described above must be submitted at least twenty (20) days prior to the intended closing 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 CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERTY PROMULGATED RULES AND REGULATIONS 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.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

APPLICANT DO NOT WRITE BELOW THIS LINE

\*\*\*\*\*

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

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

Name and Title: \_\_\_\_\_

\*\*\*\*\*

Application completed: Yes ( ) No ( ) Application Fees Submitted: Yes ( ) No ( ) Check/money order: \_\_\_\_\_

Copy of sales contract attached: Yes ( ) No ( )

Copy of two personal references attached with Telephone numbers: Yes ( ) No ( )

Information verification completed by: \_\_\_\_\_

Reasons for action taken: \_\_\_\_\_