

**IMPERIAL GOLF ESTATES
HOMEOWNERS ASSOCIATION, INC.**

c/o: Vesta Property Services
27180 Bay Landing Drive, Ste. 4
Bonita Springs, FL 34135
Ph. (239) 947-4552

PURCHASE APPLICATION FORM

Submit this form with **ALL** required enclosures at least **TWENTY (20) 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 IMPERIAL GOLF ESTATES HOMEOWNERS ASSOCIATION, INC. I/We represent that the following information is complete and true, and agree that any misrepresentation in this application will justify fines up to the limit permitted under Florida law.

Buyer: _____

Spouse/ Co-Applicant: _____

How will Name(s) appear on the Deed? _____

Present Address: _____

City: _____ State: _____ Zip: _____

Applicant's Phone: _____ Email Address: _____

The Homeowners Documents of Imperial Golf Estates Homeowners Association, Inc. Provide an Obligation of property owners that all homes 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

Please list your mailing address, phone number & email for all correspondence with this association

Mailing Address: _____ City: _____ ST: _____ Zip _____

Phone (H) _____ (C) _____ Email _____

Auto #1 Make/Model _____ Color _____ Yr _____ Tag# _____ ST _____

Auto #2 Make/Model _____ Color _____ Yr _____ Tag# _____ ST _____

In Case of Emergency Contact: _____

Phone: _____ Email _____

Real Estate Agent: _____ Phone: _____

Title Company / Closing Agency: _____ Phone: _____

Initial _____ Initial _____ Each new owner shall be responsible to pay a "Transfer Fee" for single-family homes, in the amount of \$1500.00. This amount will be included in the closing of any buyer as a cost to the buyer.

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 understand that if the property under contract to be sold has a non-conforming mailbox, I/we as the buyer must have the seller replace the mailbox with Mailbox & Development Signage LLC 239-262-1165 before this application is approved The two approved mailboxes are "The Barcelona" or "The Imperial" which may be view on our website www.imperialgolfestates.info/index.htm

I/we hereby certify by the undersigned's signature(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 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 Community Association documents or they may be obtained through Collier County. Vesta Property Services does not provide Association documents)

BUYER SIGNATURE _____ Print name _____ Date _____

BUYER SIGNATURE _____ Print name _____ Date _____

The following items **MUST** be included at the time this application is submitted to Vesta Property Services.

_____ Fully completed application

_____ Copy of the **executed** Sales Contract

_____ 3-Personal References (non-family members) -see attached forms

_____ Copy of Applicant(s) Driver's License

_____ Authorization for the release of information for adult Applicant(s) screening (Background Check) \$30.00 per applicant

_____ \$150.00 Non-Refundable Application Fee, payable to "Imperial Golf Estates Homeowners Association."

Mail or deliver to our office: Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135 239-947-4552

Action of the Board of Directors

APPROVED _____ DISAPPROVED _____

BY: _____

Board Member

Title

Date

Character Reference Form

Date: _____

Applicants Reference Name: _____

Address: _____

Phone: _____

Your Name was given to us as a Personal reference by _____
(Name of purchaser)

He/She/They will be purchasing a home in Imperial Golf Estate Homeowners Association, in Naples, Florida. The Board of Directors needs your help with the following questions listed below.

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.

Imperial Golf Estates Homeowners Association, Inc. – Board of Directors

Known for how long _____

Make a good neighbor? Yes _____ No _____

Describe the best you can the type of people they are: _____

References Signature

Character Reference Form

Date: _____

Applicants Reference Name: _____

Address: _____

Phone: _____

Your Name was given to us as a Personal reference by _____
(Name of purchaser)

He/She/They will be purchasing a home in Imperial Golf Estate Homeowners Association, in Naples, Florida. The Board of Directors needs your help with the following questions listed below.

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References Signature



27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239-947-4552, f 239-495-1518
info@vestapropertyservices.com

VestaPropertyServices.com/sw

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
TENANT SCREENING PURPOSES**

Background Screening Disclosure

I hereby authorize Vesta Property Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender's lists, wants and warrants records, credit history, and civil/law suit cases. Upon request Vesta Property Services will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I _____ . authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/20_____
Date

Social Security Number

_____/_____
Date of Birth

Driver License Number State

Current Address

Phone



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I _____ . authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/20_____
Date

Social Security Number

_____/_____
Date of Birth

Driver License Number State

Current Address

Phone