

MILANO SECTION II
APPLICATION FOR APPROVAL TO
PURCHASE PROPERTY

IN ACCORDANCE WITH THE GOVERNING DOCUMENTS OF THE ASSOCIATION, THIS FORM AND ALL REQUIRED ENCLOSURES MUST BE SUBMITTED TO FRANKLY COASTAL PROPERTY MANAGEMENT LLC THIRTY DAYS (30) PRIOR TO OCCUPANCY. APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY.

Please complete entire application. An incomplete application will cause delays in processing

Seller/Owner of Record: _____

Address: _____ Unit #: _____ Bldg #: _____

Closing Date: _____ Date of New Owner Occupancy: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR OWNERSHIP IN MILANO SECTION II COMMUNITY SITUATED IN THE MILANO RECREATION ASSOCIATION, INC. IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR MILANO RECREATION ASSOCIATION, INC., THE PURCHASER(S) represent that the following information is true and correct. By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that my application may be denied by the Association based upon background information obtained.

****UNITS MAY NOT BE LEASED UNTIL OWNER HAS HELD TITLE FOR AT LEAST 12 MONTHS ****

****NO MORE THAN 52 UNITS MAY BE LEASED IN MILANO AT ANY GIVEN TIME ****

A) Purchaser(s)/Person(s) Taking Title to Dwelling Unit

Full Name of Applicant: _____

DOB: _____ Phone: _____ Email: _____

Present Address: _____

Full Name of Co-Applicant/Spouse: _____

DOB: _____ Phone: _____ Email: _____

Present Address: _____

All other occupants: **(all occupants 18 years of age or older will need a background check)**

Name: _____ DOB: _____ Relationship: _____

Present Address: _____

Name: _____ DOB: _____ Relationship: _____

Present Address: _____

Name: _____ DOB: _____ Relationship: _____

Present Address: _____

Milano Section II Residents' Association, Inc.
c/o Frankly Coastal Property Management LLC
(239) 774-7088
support@collierfinancial.net

If dwelling unit is to be a part-time residence or will be rented, please complete below as to who and where all correspondence dealing with this Association is to go:

Name: _____ Address: _____ City: _____
State: _____ Phone: _____ Email: _____

B) Automobiles

***NOTE: Only 2 vehicles are allowed per dwelling unit.
Cars must be parked in enclosed garage or driveway.***

Auto: Make/Model: _____ Color: _____ Yr: _____ Lic#: _____ St: _____
Auto: Make/Model: _____ Color: _____ Yr: _____ Lic#: _____ St: _____
(If auto is unknown or rental auto is unknown, please indicate above)

C) Pets

***NOTE: Only 2 small dogs, cats or common domesticated pets are allowed per dwelling unit.
No aggressive breeds are allowed. Dogs are not to exceed 40 pounds each.
Picture(s) must be provided with application.***

Type: _____ Breed: _____ Name: _____ Color: _____ Weight: _____
Type: _____ Breed: _____ Name: _____ Color: _____ Weight: _____
(If no pets, please indicate above)

D) Employment

Applicant #1:

Employer: _____ Address: _____
Employment from: _____ To: _____ Position: _____ Phone: _____
NOTE: If retired, enter former business or profession on employer line above.

Applicant #2:

Employer: _____ Address: _____
Employment from: _____ To: _____ Position: _____ Phone: _____
NOTE: If retired, enter former business or profession on employer line above.

E) Banking/Financial

Applicant #1:

Financial Reference: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Applicant #2:

Financial Reference: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

NOTE: Occupancy is restricted to 1 family – no more than 2 persons per bedroom.

I/we is/are purchasing this dwelling unit with the intention to (select applicable choice):

_____ Reside here on a full-time basis _____ Reside here on a part-time basis _____ Lease the unit (*only after holding title for more than 12 months*)

F) Two References with Letters (per applicant/occupant, age 18 and over, one each – employer & personal; do not use relatives or other occupants of intended Milano Unit):

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

G) In case of emergency, contact:

Name: _____ Phone: _____ Address: _____

By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that my application may be denied by the Association based upon background information obtained.

I (We) request approval to purchase the aforementioned dwelling unit. I (We) hereby state that the Seller has made available to me all of the governing documents for Milano Recreation Association, Inc., as well as any sub-association within the Milano community, including any rules and regulations, as they may exist or be amended, time to time. I (We) acknowledge receipt of and have read and agree to abide by these governing documents, as they may exist or be amended, time to time.

I (We) also agree and acknowledge that, should my application for sale or transfer be approved, that I will be required to pay a \$1,000.00 resale assessment contribution at the closing of my purchase.

1. SIGNATURE OF APPLICANT: _____ Date: _____

2. SIGNATURE OF APPLICANT: _____ Date: _____

Name of Real Estate Agent & Agency: _____ Phone: _____

Closing Attorney/Title Company: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

If this application is not legible or is not completely and accurately filled out, the Association will not be liable or responsible for any inaccurate information in the investigation caused by such omissions or illegibility.

Please include the following: (an incomplete application package will cause delays in processing)

- _____ Fully Completed Application
- _____ Background Check Authorization Form (one for each applicant/occupant age 18 and over)
- _____ Photo ID for each applicant/occupant 18 years and older: Driver's license or Passport
- _____ Reference Letters (2 per applicant/occupant age 18 and over)
- _____ Compliance Agreement form
- _____ Addendum Check List
- _____ Vehicle Registration/Parking Request form
- _____ Waiver of Liability form
- _____ Copy of executed Sales Contract
- _____ Picture(s) of pet(s), if applicable
- _____ Dog Registration form, if applicable
- _____ \$100.00 – Payable to “Milano Section II” (application fee – nonrefundable)
- _____ \$50.00 – Payable to “Milano Section II” (background check required for each applicant/occupant age 18 and older, including both spouses, if married, **\$50.00 PER person**)
- _____ Additional Documents required for Foreign Applicants (see attachment to sales package)

Forward application to: **Frankly Coastal Property Management LLC**
4985 Tamiami Trail East
Naples, FL 34113

ACTION OF BOARD OF DIRECTORS:

Approved: _____ Disapproved: _____ Date of Decision: _____

By: _____ or _____
Association President/Secretary Manager for the Association

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