

**MILANO SECTION IV**  
**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 IV 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 IV Residents' Association, Inc.  
c/o Frankly Coastal Property Management LLC  
(239) 774-7088  
[support@collierfinancial.net](mailto: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
- \_\_\_\_\_ Consent form
- \_\_\_\_\_ Copy of executed Sales Contract
- \_\_\_\_\_ Picture(s) of pet(s), if applicable
- \_\_\_\_\_ Dog Registration form, if applicable
- \_\_\_\_\_ \$100.00 – Payable to “Milano Section IV” (application fee – nonrefundable)
- \_\_\_\_\_ \$50.00 – Payable to “Milano Section IV” (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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