



WIGGINS LAKES AND PRESERVE ASSOCIATION, INC.

C/O American Property Management Services
8825 Tamiami Trail East, Naples, FL 34113
Ph: (239) 774-0105 / Fax: (239) 774-0112

Application for Approval to Purchase

SUBMIT THE FOLLOWING WITH THE APPLICATION AT LEAST 20 DAYS PRIOR TO CLOSING DATE:

- 3 letters of personal reference
- Copy of SALES CONTRACT
- \$50 non-refundable application fee – PAYABLE TO AMERICAN PROPERTY MANAGEMENT SERVICES

I/ We hereby apply for approval to purchase a unit in Wiggins Lakes and Preserve and for membership in the condominium association.

Address _____

Current Owner Name: _____ Phone: _____

Closing date: _____ Title Company or Attorney: _____

Real Estate/Rental Agent: _____ Phone: _____

In order to facilitate consideration of this application, I/We represent that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I/We consent to your further inquiry concerning this application, particularly of the references below.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full Name of Applicant: _____

2. Full Name of Spouse: _____

3. Home Address: _____

4. Telephone: _____ Work: _____

Email: _____

5. Citizen of US? Self: _____ Spouse: _____

6. Nature of Business or Profession: _____

If retired, former business or profession: _____

- 7. Company Name: _____
- 8. Position Held: _____
- 9. The Condominium documents of Wiggins Lakes and Preserve Association, Inc. provide an obligation of unit owners that all units are for single-family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 10. Three personal references: (local if possible) **THREE LETTERS OF PERSONAL REFERENCE MUST BE SUBMITTED WITH THIS APPLICATION.**
- 11. Bank Reference: _____
- 12. Have you ever been convicted of a felony crime involving violence to persons or property? If so, give full details:

- 13. **VEHICLES (No commercial or oversized vehicles outside):**
 Make/Model _____ Color _____ Yr _____ Tag # _____ St _____
 Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

- 14. Mailing Address for billings and notices connected with this application:
 Name: _____ Address: _____
 City/State: _____ Zip: _____ Phone: _____

- 15. Person to be notified in case of emergency: _____
 Address: _____ Phone: _____

- 16. I am purchasing this unit with the intention to: (Please check one)
 Reside here on a full time basis Reside her part time
 Lease the unit

I/We will provide the Association with a copy of our recorded deed within ten (10) days after closing.



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Character Reference Form

Date: _____

Reference(s) Name: _____

Street Address: _____

City, State, Zip: _____

APPLICANT'S NAME: _____

To Whom It May Concern:

How do you know the applicant(s)?

For how long have you known the applicants(s)?

In your opinion, would the applicant make a good neighbor? Yes No

Please describe the applicant(s) character and stability, as you know them:



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PET FORM

Owners: YOUR ARE ALLOWED ONE (1) PET, 25 POUND WEIGHT LIMIT

- I do not have a pet at this time

- I understand that falsification of information or failure to register my pet will result in revocation or the denial of approval by the Board.

- I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding the control of my pet.

- I understand that this Pet Approval is only for this pet and expires when the pet is no longer on the property.

PLEASE SUBMIT A COLORED PHOTO OF YOUR PET

Owner: _____ Bldg / Unit # _____

Address: _____

Ph #: _____ Work or Cell #: _____

Attach a copy of immunization record

Signature of Purchaser

Please print name

Association Approval

Date