

BRIARWOOD PROPERTY OWNERS ASSOCIATION, INC.

335 Skelly Road
Naples, Florida 34104
Phone: 239-450-0908
Fax: 239-435-0258

Application for Approval to Purchase a Unit or Lot

To: Board of Directors Briarwood Property Owners Association:

I hereby apply for approval to purchase (unit address) _____ and for membership in the Association.

CURRENT OWNER'S NAME (S): _____

Instructions:

This application must be submitted to the Association's Manager and must be supported with full documentation, **including a signed copy of the purchase contract agreement**, and a non-refundable fee in the amount of \$100.00, payable to Briarwood POA. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full name of applicant _____ Age ____ Soc. Sec. # _____

Full name of Spouse _____ Age ____ Soc. Sec. # _____

Home address _____ City/State _____ Zip _____

Telephone (home) _____ Telephone (business) _____

E-Mail Address 1: _____ E-Mail Address 2: _____

Nature of business or profession (if retired, former occupation) _____

Company or firm name and location _____

All units of the Association are designated as single family residences only. Please state name, relationship and age of all other persons who may be occupying the unit regularly.

Name:	Relationship:
_____	_____
_____	_____
_____	_____
_____	_____

Please identify mortgagees, if any _____
Address _____ City/State _____ Zip _____

NOTE: It is extremely important that a copy of the settlement statement be provided to the management agent once closing is completed.

Check intended use of unit (you may check more than one):

() reside here full time () reside here part time () lease unit to others

Person to be notified in case of an emergency:

Name _____ Address _____
City/State _____ Zip _____ Telephone _____

Automobiles to be parked on the premises:

Make _____ Model _____ Year _____ Tag # _____ State _____

Make _____ Model _____ Year _____ Tag # _____ State _____

Do you have any pets? Please specify the type, size and weight of pets you intend to keep in the Unit:

Mailing address for notices regarding this application if different from the home address given above:

Name _____ Address _____
City/State _____ Zip _____ Telephone _____

Applicant's Affidavit

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application. I agree to be available for an interview with the designated representatives of the Association.

Applicant (signed) _____ Co-applicant (signed) _____
Date _____

FOR OFFICE USE

This application is approved _____ Not approved _____

Briarwood Property Owners Association, Inc.

By _____ Title _____ Date _____