

**KONA KOVE HOMEOWNERS ASSOCIATION, INC.
5383 HAWTHORN WOODS WAY
NAPLES, FL 34116**

APPLICATION FOR CERTIFICATE OF SALE

NOTE: THIS APPLICATION MUST BE SUBMITTED TO THE BOARD OF DIRECTORS 30 BUSINESS DAYS PRIOR TO CLOSING.

TO: The Board of Directors of KONA KOVE HOMEOWNERS ASSOCIATION, INC.

The undersigned hereby applies for approval to **purchase** residence address _____ KONA KOVE HOMEOWNERS ASSOCIATION, INC. and for membership in the Homeowners Association. **A copy of the proposed sales contract, and a \$50.00 application fee must be attached. Make checks payable to Kona Kove Homeowners Association, Inc.**

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full Name of Applicant: _____
Spouse: _____
Home Address: _____
Home Tele #: _____
Business Tele #: _____
S.S. #: _____

2. Nature of Business or Profession: _____

3. Company or Firm Name: _____

THE FOLLOWING QUESTIONS CONCERN THE APPLICANT OR PROPOSED PRIMARY OCCUPANT

4. Three (3) Personal References (local if possible)

Name: _____
Address: _____
City/State/Zip: _____
Tele #: _____

Name: _____
Address: _____
City/State/Zip: _____
Tele #: _____

Name: _____
Address: _____
City/State/Zip: _____
Tele #: _____

Bank Reference: _____

Name of Individuals to be Residing in the Unit: _____

5. Person to be Notified in Case of Emergency

Name: _____

Address: _____

City/State/Zip: _____

Tele #: _____

6. Make of Car:

Year: _____

License #: _____

State: _____

Color: _____

7. Mailing Address for Notices Connected with this Application:

Name: _____

Address: _____

City/State/Zip: _____

Tele #: _____

8. The applicant is aware of and agrees to abide by the Declaration of Condominium of KONA KOVE HOMEOWNERS ASSOCIATION, INC., the Articles of Incorporation, By-laws and any or all properly promulgated rules and regulations in effect within the terms of the occupancy (ownership). Receipt of a copy of the Association documents is acknowledged.

9. Purchaser(s) agree to assume any unpaid maintenance charges of assessments.

DATED: _____

APPLICANT: _____

APPLICANT: _____

APPLICATION APPROVED: _____

DATE: _____

BY: _____