

MONTEREY MASTER OWNERS' ASSOCIATION, INC.

c/o Dorrill Management Group
5672 Strand Court, Suite 1
Naples, Florida 34110
(239) 592-9115 or Fax (239) 594-1422
Email: kensi@dmgfl.com or info@vomhoa.com

Purchase Application Check List

Dear Prospective Owner(s),

Please submit the following for approval to purchase in Villages of Monterey:

- A complete and legible **Sales Application**, signed by prospective owner(s).
- A complete copy of the **Sales Contract** signed by both parties.
- Completed **Gate Data Form**.
- Completed and signed **Disclosure and Authorization Form** for each applicant over 18 years of age.
- **\$47.00** non-refundable processing fee for each applicant's background screening. If paying by check or money order, please make payable to: **Monterey Master Owners' Association**.
- **\$100.00** non-refundable application fee. If paying by check or money order, please make payable to: **Monterey Master Owners' Association**.

Monterey Address: _____

Title Company: _____ Phone _____

Per Amended Docs: Section 20; Lease Term and Frequency: **6 months minimum; 1 year maximum; 2 times per calendar year**

Missing or incomplete information will result in the delay of processing your application. Complete applications **MUST** be received at least **20 days prior to closing**.

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Application for Approval to Purchase

I/We hereby apply for approval to purchase _____ Monterey, with closing scheduled for _____, 20 ____.

***A copy of the signed sales contract must be attached.**

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

#1 APPLICANT INFORMATION

Last Name _____ First Name _____

Home Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Email _____

Employer _____ Employer's Phone _____

Date of Birth _____ Driver's License # _____

#2 APPLICANT INFORMATION:

Last Name _____ First Name _____

Home Address _____ Apt/Unit _____

City _____ State _____ Zip _____

Email _____

Employer _____ Employer's Phone _____

Date of Birth _____ Driver's License # _____

OCCUPANTS: Please list the name, relationship, and date of birth of all occupants not listed above who will be living in this unit.

Full Name	Relationship	D.O.B.
_____	_____	_____
_____	_____	_____

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REFERENCES: Please list **two** personal references.

Name _____

Relationship _____

Address _____

Name _____

Relationship _____

Address _____

LAST ADDRESS OF OCCUPANCY:

Name of current or recent landlord _____

Address _____

Phone _____ Time Period _____

EMERGENCY CONTACT: Please list a person to be notified in case of an emergency at the Monterey residence.

Full Name _____

Relationship _____

Address _____ Phone _____

VEHICLES

Year _____ Make _____ Model _____ License Plate # _____ State _____

Year _____ Make _____ Model _____ License Plate # _____ State _____

DOGS

of Dogs _____ Breed _____ Weight _____

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DISCLAIMER AND SIGNATURE: In order to facilitate consideration of this application, I/we, the applicant(s), represent that the above information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval.

I/we have received, read, and understand the Declaration of Protective Covenants, Articles, Bylaws, and Rules and Regulations of Monterey Master Association, Inc. and will comply.

Signature _____ Date _____

Signature _____ Date _____

APPLICATION REQUIREMENTS: Please be aware that an incomplete application package will cause delays in processing. The following items must be included to Dorrill Management Group or the Facilities Director, Grant Giddens, to proceed:

- Completed Application
- Copy of Signed Sales Contract
- \$100.00 Non-Refundable Application Fee Payable to **Monterey Master Owners Association**
- Background Screening Authorization Form and \$47.00 (Per Occupant Over 18) Payable to **Monterey Master Owners Association**

RETURN THE ABOVE APPLICATION TO:

Monterey Master Owner's Association
c/o Dorrill Management Group
5672 Strand Court, Suite 1
Naples, FL 34110
(239) 592-9115 Phone

info@vomhoa.com (Grant Giddens) or
kensi@dmgfl.com (Kensi Roberts)

APPLICATION APPROVAL:

_____ **Approved**

Date: _____

_____ **Disapproved**

By: _____

(Board Officer, Director, or Designee)