

**CASSIA AT VASARI APPLICATION  
PROPOSED PURCHASERS OR LESSEES**

**Please read this application carefully and fill in all blanks. This application must be submitted with a non-refundable processing fee of \$150.00, checks only, made out to "Cassia " at least 15 days prior to the sale or lease of any unit. A copy of the sales or lease agreement is required. No new tenants or owners may move into Cassia @ Vasari w/o prior approval of the board of directors.**  
**\*\*NO LEASE MAY BE FOR LESS THAN A 30 DAY PERIOD NOR MORE THAN 6 TIMES PER CALENDAR YEAR\*\***

**MAIL TO:** Schoo Association Management, LLC. 9403 Cypress Lake Drive, Suite C, Fort Myers, FL 33919

Application date \_\_\_\_\_ *Approximate closing date* \_\_\_\_\_

*Lease date - from* \_\_\_\_\_ *to* \_\_\_\_\_

Seller/Lessor Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Unit # \_\_\_\_\_

**FOR BUYERS ONLY:**

We plan to use the premises for:  
 permanent residence  
 part time residence  
 part time residence/rental

Name \_\_\_\_\_ Age \_\_\_\_\_

Email: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number \_\_\_\_\_

Current Address \_\_\_\_\_

Occupants other than applicant:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Pets? If yes, what? \_\_\_\_\_

Presently Employed By \_\_\_\_\_

Personal References:

1. \_\_\_\_\_ Phone number \_\_\_\_\_

2. \_\_\_\_\_ Phone number \_\_\_\_\_

Type of vehicle(s) \_\_\_\_\_ License number(s) \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

We agree to abide by all of the provisions and those of recorded documents and by all Rules and Regulations made pursuant thereto of Cassia at Vasari.

**SIGNATURE** \_\_\_\_\_ **AND** \_\_\_\_\_

NOTE: Signature(s) authorizes the Association to secure credit and other information.

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me, \_\_\_\_\_, known to me to be the individual described in and who executed the same freely and voluntarily for the purpose therein expressed.

Commission expires

\_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_