

**APPLICATION
PROPOSED PURCHASERS OR LESSEES
MATERA I,II, III, or IV AT VASARI**

Instructions: 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 "Matera " 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 MATERA I AT VASARI WITHOUT 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 _____
Spouse's Name _____ Age _____
Pets _____ If Any What type _____
Telephone number _____ Email _____
Current Address _____
If current address is not a local address, please show local address (if any) _____

Occupants other than applicant:

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Pets? If yes, what? _____
Presently Employed By _____
Previous Employment _____
Bank Name and Address _____

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 Matera I 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 _____