Wyldewood Village I Condominium Association Inc.

Please send all paperwork, payments, etc. to:
D&D Association Services
11000 Metro Pkwy. Suite #4
Ft. Myers, FL 33966
Phone: 239-364-4325
EMAIL: office@ddassociationservices.com

APPLICATION FOR APPROVAL TO PURCHASE A CONDOMINIUM UNIT

( ) I (we) hereby apply for approval **to purchase (address)** _____ at Wyldewood Village I. A copy of the sales contract is attached.

PLEASE TYPE OR PRINT LEGIBILY THE FOLLOWING INFORMATION:

1. Name of Applicant_____
2. Name of Spouse _____
3. Address: _____

   Phone: _____ Email Address: _____

The Association documents of Wyldewood Village I Condominium provide an obligation of the unit owners that all units are for single-family residence only. Please state name, relationship, and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

4. Pets: (2 Pets Max 22" height at shoulder) Yes_____ NO_____ Type/Breed:_____
5. Make of Car #1:_____Year:_____Tag#:_____ State:_____
   Make of Car #2:_____Year:_____ Tag#:_____State:_____

I am aware of and agree to abide by the Association Documents of Wyldewood Village I Condominium Association, the Articles of Incorporation, Declaration, Bylaws, and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of all Association Documents.

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

Dated: _____ Applicant Signature: _____

Closing Date: _____ Applicant Signature: _____

A NON-REFUNDABLE CHECK FOR $150.00 PAYABLE TO D&D ASSOCIATION SERVICES MUST ACCOMPANY THIS APPLICATION FOR THE PROCESSING OF THIS APPLICATION.

A NON REFUNDABLE CHECK FOR $50 PER PERSON OVER 18 PAYABLE TO WYLDEWOOD VILLAGE I FOR A BACKGROUND/CREDIT CHECK.