HAMILTON PLACE TOWNHOMES HOMEOWNERS ASSOCIATION INC. **Application for Approval**

Application Check List
Check the box that pertains to your Application

Application t	o Purchase
Please submit the following for ap	proval to Purchase/Lease in Hamilton Place Townhomes HOA:
Completed Application	
_	cation Fee – Made payable to Hamilton Place Townhomes HOA
\$50.00 Non-Refundable Backgr payable to ADG4 of Naples, LLC	ound check fee per occupant over the age of 18 years – Made
Clear and legible copy of driver	s license for each person over age 18
Signed Pet Registration Form (i	f applicable) Please include Photos and vet records of ea. pet
Copy executed Lease Agreeme	ent / Sales Contract
Vehicle Registration Form	
Townhomes HOA for the processing	-refundable fee should be made payable to Hamilton Place
-	For the required background check that is conducted on all occupants
	il all required documents and fees are submitted. The approval process etion from the date of complete submission of the application.
Mail Completed Application to:	ADG4 of Naples, LLC 975 6 th Avenue South, Ste. 101 Naples, Florida 34102 E-mail: info@adg4companies.com
NOTE: Lease term minimum of thi	rty (30) days, maximum of three (3) times in a calendar year.

In accordance with Section 12 of the governing documents of the Association this application must be submitted along with the required enclosures and \$100.00 application fee and \$50.00 background check fee for every occupant over the age of 18 twenty (20) days prior to occupancy to allow for processing time.

APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY

HAMILTON PLACE TOWNHOMES HOMEOWNERS ASSOCIATION INC.

Phone 239-330-7533 Fax 239-234-5285 975 6th Avenue South, Suite 101 ~ Naples, Florida 34102

Closing Date:			
Current Owner		Address	_
Term of Lease (if applicab	le) From	To	
TOWNHOMES HOA, IN ACCRESTRICTIONS. THE APPLI	ORDANCE WITH THE CANT(S) represent the concerning this	TION FOR APPROVAL TO LEASE IN HAMILTON PLATE DECLARATION OF COVENANTS, CONDITIONS A that the following information is true and correct information or any information which comes from equest.	AND and
Persons who will occup	y the above Res	sidence (living unit) are as follows:	
Name		Relationship	
Date of Birth:	Phone#	Email	
Social Security Number		DL#	_
Applicants <u>Present</u> Address_			_
City	STATE	ZIP CODE	
Name		Relationship	
Date of Birth:	Phone#	Email	
Social Security Number		DL#	-
Applicants <u>Present</u> Address_			_
City	STATE	ZIP CODE	
Name		Relationship	
Date of Birth:	Phone#	Email	
Social Security Number		DL#	-
Applicants <u>Present</u> Address_			_
City	STATE	ZIP CODE	

Hamilton Place Townhomes Homeowners Association has the right to perform background and credit checks on all applicants. By completing this authorization form, I give Hamilton Place Townhomes Homeowners Association the right to administer a background and credit check as a part of the application approval process. Include with this form a non-refundable check made out to ADG4 of Naples, LLC. Each background check is a non-refundable fee of \$50.00. Include copy of photo ID.

Current Place of Employment

Name	Address
City/State	Telephone
Length of Employment	Supervisor
Monthly Income \$ if asked c	can you provide proof of Income Yes No
Pending Lease or Purchase within Ease Ass It is the desire of the present owners of the	wed the rules and regulations prior to their Hamilton Place Townhomes Homeowners sociation The Association to welcome you to an environment in to all Rules and Regulations will ensure a private
Signature	Date:
Signature	Date:
SignatureSignature	Date:
•	ems to: 975 6 th Avenue South, Ste. 101 2 ~ info@adg4companies.com
For Association/Management Member ASSOCIATION APPROVAL MANAGEM	rs ONLY: MENT APPROVAL
SIGNED BY:	DATE: