

CASCADES AT ESTERO RESIDENTS' ASSOCIATION, INC.

c/o Southwest Property Management Corp.

1044 CASTELLO DRIVE, SUITE #206

NAPLES, FLORIDA 34103-1900

(239) 261-3440 ext. 112 ♦ FAX: (239) 261-2013

Purchase/Lease Application Check-Off Sheet

****If this is a LEASE application for a current, active duty service member, please check here _____**

IF YOUR APPLICATION DOES NOT HAVE THE FOLLOWING ATTACHED, IT WILL BE RETURNED TO YOU DELAYING YOUR APPROVAL:

- A completed filled out and legible application. Please make sure the applicant(s) have signed and initiated the application.
- Three (3) completed Character Reference Forms (see attached.) Please have these forms completed by someone (**non-related**) that has known the applicant(s) for a considerable amount of time, and return them with your application. *Not applicable to repeat tenants or current owners within Cascades.*
- Proof of Date of Birth: Include a clear copy of driver's license, passport or birth certificate for each applicant.
- A complete copy of the sales or lease contract, signed by both parties.
- The \$100 application fee will be accepted by check or money order only. Please make payable to: **Cascades at Estero Residents' Association.**
- Acknowledgement of receipt of the current Rules & Regulations and ACB Guidelines. You may obtain a copy of each at www.cascadesatestero.com

If you have any questions regarding the application procedure, please contact our Sales/Lease Administrator, at the number shown above.

Thank you.

CASCADES at Estero Residents' Association, Inc.

c/o Southwest Property Management Corp.

1044 Castello Drive, Suite #206

Naples, Florida 34103-1900

(239) 261-3440 ♦ FAX: (239) 261-2013

APPLICATION FOR APPROVAL TO PURCHASE OR LEASE

TO: The Board of Directors of Cascades at Estero Residents' Association, Inc.

**Note to Buyer/Lessee: In accordance with the governing documents of the Association, this is a 55 years or older community. For the Association to ensure that at least 80% of the homes are occupied by at least one person who is 55 years or older, all applicants must attach a copy of the Driver's License or Birth Certificate for proof of Date of Birth to this completed application.

****If this is a LEASE application for a current, active duty service member, please check here _____**

Please check appropriate box:

() I (we) hereby apply for approval to Purchase (address) _____, in Cascades at Estero Residents' Association, Inc., and for membership in the Association. Lot # _____
A signed copy of the executed sales contract is attached.
Closing Date: _____

() I (we) hereby apply for approval to Lease (address) _____, in Cascades at Estero Residents' Association, Inc., for the period beginning _____, 20____, and ending _____, 20____.
A complete copy of the signed Lease Agreement is attached.
(90 Days Minimum/1 Year Maximum. This home may be leased two times per calendar year.)

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of current owner(s): _____
2. Full name of applicant: _____
Date of Birth _____
Phone number _____ Email _____
3. Full name of spouse: _____
Date of Birth _____
Phone number _____ Email _____
4. Home address: _____
City: _____ State _____ Zip Code _____
5. Citizen of the U.S. Self: _____ Spouse _____
6. Nature of Business / Profession: _____
7. Company or Firm name: _____
Business Address: _____
City: _____ State _____ Zip Code _____

8. The Documents of Cascades at Estero Residents' Association provide an obligation of home owners/lessees that homes are to be used as a single-family residence only. Please state name, relationship, and age of all other persons who will be occupying the home on a regular basis:

_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

[Please note persons under 18 years may not reside within the property but are permitted to visit -- the maximum of 60 days in one calendar year (see Section 10: Article VIII, of Declaration, Age restrictions.)]

9. Regarding your current Address:
 If Ownership, how long? _____
 If rented, how long? _____
 If Rented. Name of Current or Most Recent Landlord: _____
 Address: _____
 City: _____ State _____ Zip Code _____

10. Three Personal References: **Non-Family Members.** Please have your friend, colleague or associates complete and sign the Character Reference Forms (one copy provided) and return them with this application. (Not applicable to Current Owners or Repeat Tenants)

11. Person to be notified in Case of Emergency:
 Name: _____ Relationship: _____
 Address: _____
 City: _____ State _____ Zip Code _____
 Phone: _____

12. Make/Model of Car(s)/Motorcycle(s) to be kept at Cascades at Estero Residents' Association, Inc.
 Make/Model: _____ Year: _____ License PL#: _____ State: _____
 Make/Model: _____ Year: _____ License PL#: _____ State: _____
 Make/Model: _____ Year: _____ License PL#: _____ State: _____

13. Mailing address for notices connected with this application of realtor or owner involved:
 Name: _____
 Address: _____
 City: _____ State _____ Zip Code _____

14. **For those purchasing a unit.** The Documents of Cascades state that an owner may keep dogs, cats or other usual and common household pets not to exceed a total of two (2) in number.

Pet Name _____ Color _____ Breed _____
 Pet Name _____ Color _____ Breed _____

15. **If this transaction is a sale:** I/We are purchasing this unit with the intention to: [circle all that apply)
 (1) Reside here on a full-time basis
 (2) Reside here part-time
 (3) Lease the Unit

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

16. I (we) am aware of and agree to abide by the Association Documents of Cascades at Estero Residents' Association the Articles of Incorporation, Bylaws and any and all properly promulgated rules and regulations in effect with the terms of my (our) occupancy ownership. Please note: Seller is to provide the Association Documents.

I (we) understand and agree that in the event a unit is leased, the Association is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Association Documents of Cascades at Estero Resident's Association.

I(we) acknowledge receipt of a copy of the Association Rules and Regulations, _____initial

17. A \$100.00 non-refundable application fee must be submitted with this application. Make check payable to: Cascades at Estero Residents' Association, Inc.

18. **RESALE CAPITAL CONTRIBUTION: By my/our signature hereto, I/we acknowledge that we are fully aware that, in respect of all purchases within Cascades, there is a Resale Capital Contribution payable by the purchaser(s) of an amount of one thousand five hundred dollars (\$1,500.00).**

_____ Date
Applicant's Signature

_____ Date
Co-Aplicant's Signature

Please Print Applicant's Full Name

Please Print Co-Aplicant's Full Name

FOR AN APPROVAL TO BE ISSUED, PROVIDE: THE COMPLETED APPLICATION, REFERENCE LETTERS, A COPY OF THE SIGNED SALES OR LEASE CONTRACT, ALONG WITH THE \$100 FEE 20 DAYS PRIOR TO OCCUPANCY TO:

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE, SUITE #206
NAPLES, FL 34103-1900

ACTION TAKEN BY BOARD OF DIRECTORS

Approved Disapproved Date of Decision: _____

By: _____
(Board Officer) (Title)

**ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS
IN THE ABOVE APPLICATION**

SOUTHWEST PROPERTY MANAGEMENT
CORPORATION

1044 CASTELLO DRIVE, SUITE #206
NAPLES, FLORIDA 34103-1900
(239) 261-3440 * FAX: (239) 261-0562
E-mail: RViera@swpropmgt.com

Character Reference Form

_____, 20____

Applicant's References -- Name (Please print): _____

Street Address: _____

City, State & Zip: _____

Telephone #: _____

RE: Applicant's Name: _____

Association Applying to: CASCADES AT ESTERO RESIDENTS' ASSOCIATION INC.

To Whom It May Concern:

The applicant(s) named above is applying for membership in a Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the APPLICANT. This completed Character Reference Form MUST be sent with the application in order for the Board to approve their purchase or lease. Thank you for your assistance in this matter.

Very truly yours,
Raquel Viera, ext. 112
Sales & Lease Administrator

How do you know the applicant(s)? _____

For how long have you known the applicant(s)? _____

Would the applicant(s) make a good neighbor, in your opinion? Yes No

Please describe the applicant(s) character and stability, as you know them:

Reference's Signature