

CASCADES AT ESTERO RESIDENTS' ASSOCIATION, INC,  
C/o Southwest Property Management  
CORPORATION  
1044 CASTELLO DRIVE, SUITE #206  
NAPLES, FLORIDA 34103-1900  
(239) 261-3440 ext. 12 ☎FAX: (239) 261-2013  
Email: [RViera@SWPropMgt.com](mailto:RViera@SWPropMgt.com)

## Purchase/Lease Application Check-Off Sheet

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

- A completely 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)
- 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.**

If you should 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: In accordance with the governing documents of the Association, this is a 55 years or older community, for the Association to insure 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.**

**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.  
**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 \_\_\_\_\_
3. Full name of spouse: \_\_\_\_\_  
Date of Birth \_\_\_\_\_
4. Primary 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 complete and sign the provided Character Reference Forms and return them with this application. (Not applicable to Current Owners or Repeat Tenants)
11. Have you ever been convicted of a felony or crime involving violence to persons or property? If so, give full details. \_\_\_\_\_  
 (Use additional paper if necessary)
12. Person to be Notified in Case of Emergency:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone: \_\_\_\_\_
13. Make/Model of Car(s) to be kept at Cascades at Estero Residents' Association, Inc.  
 \_\_\_\_\_ Year: \_\_\_\_ License PL#: \_\_\_\_\_ State: \_\_\_\_  
 \_\_\_\_\_ Year: \_\_\_\_ License PL#: \_\_\_\_\_ State: \_\_\_\_  
 \_\_\_\_\_ Year: \_\_\_\_ License PL#: \_\_\_\_\_ State: \_\_\_\_
14. Mailing address for notices connected with this application of realtor or owner involved:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
15. **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 \_\_\_\_\_

16. **If this transaction is a sale:** I/We are purchasing this unit with the intention to:

- (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.**

18. I (we) am (are) aware of and agree to abide by the Association Documents of Cascades at Estero Residents' Association and 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

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

20. **By my/our signatures 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 dollars (\$1,000.00) or the then current rate for three (3) months of general assessments, whichever is greater.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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 DIRECTOES**

Approved

Disapproved

Date of Decision: \_\_\_\_\_

By: \_\_\_\_\_  
(Board Member) (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](mailto: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 OF ESTERO RESIDENTS' ASSOCIATION**

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. 12  
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

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Sales & Lease Administrator

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**

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Applicant's References -- Name (Please print): \_\_\_\_\_

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**RE: Applicant's Name:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**