

MASTER ASSOCIATION SALE APPLICATION

INSTRUCTIONS & GUIDELINES

1. The attached application must be completed and signed by both the new resident(s) and homeowner(s). All fields must be completed; if any are left blank, the application may be automatically denied as an incomplete application. If the question does not apply, please write "N/A."
2. The completed application must be submitted to the Association office at least twenty (20) days prior to the desired date of occupancy.
3. Unregistered occupancy and occupancy prior to approval is strictly prohibited
4. Villas and Condos require an additional application which must be submitted to the Villa or Condo Association. Contact

Lancaster	Pinecrest I & III Pinecrest II & IV	Tropical Isles Management Precedent Hospitality & Mgmt.	(239) 939-2999 (727) 573-9300
Knighton	Villas I	Alliant Property Management	(239) 454-1101
Portrush	Villas II	Precedent Hospitality & Mgmt.	(727) 573-9300

DOCUMENTS AND FEES REQUIRED

1. Application completed in its entirety.
2. A copy of the executed Sales Contract.
3. A copy of your pet's registration and current vaccination records, if applicable
4. Each person over the age of 18 who is named on the title /or will occupy the home must submit a disclosure consent form, a character reference form, and the applicable fee listed below for a background check.
5. Non-refundable application fees: *two separate checks or cash only- credit cards not accepted.*

Processing fee	\$50.00	Payable to: Stoneybrook
Processing fee	\$50.00	Payable to: Alliant Property Management
Background fee	\$40.00(each person)	Payable to: Alliant Property Management
Vehicle Decals	\$10.00	Payment is collected when issued
Pool/Fitness key fobs	\$10.00	Payment is collected when issued

Mail or hand deliver to:

Stoneybrook Community Center 11800 Stoneybrook Golf Drive Estero, FL 33928

Office: (239) 948-1787

ACKNOWLEDGEMENT

I hereby agree for myself and on behalf of all persons who may use the residence that I own or seek residency:

1. I represent that the following information is true and accurate. I understand any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
2. I certify and hereby acknowledge that I have been furnished a copy of the Stoneybrook Association documents at www.Stoneybrookestero.com: Rules and Regulations, Declaration of Covenants, Conditions & Restrictions, Bylaws and Architectural Review Procedure Manual.
3. I have read, understand, and agree to abide by all the restrictions contained in the Stoneybrook Association documents which are or may in the future be imposed by the Association.
4. I understand that any violation of the terms, provisions, rules, conditions, and covenants of the Stoneybrook Association documents provide cause for immediate action as provided therein.
5. I acknowledge units shall be used as single-family residences only, and for no other purpose. No portion of a unit (other than the entire unit) may be rented, and sub-leasing is not permitted.
6. I acknowledge any occupancy of this residence in the absence of the owner shall be considered a tenancy whether the occupant(s) pay rent.
7. I understand every owner, resident, tenant, or occupant must submit to the association for approval prior to occupancy.
8. I understand that the Association will institute an investigation of my background and that a personal interview may be requested. Accordingly, I agree to attend a personal interview upon request and authorize the information contained in this application to be used in such an investigation.
9. I am aware that the decision of the Association will be final, and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.

Future Homeowner(s):

Sign _____ **Print:** _____

Sign _____ **Print:** _____

NEW RESIDENT INFORMATION

Property Address _____

Move In Date _____

Point of contact for this transaction:

Name	Company, if applicable
Address	City, State, Zip
Email	Phone

APPLICANT INFORMATION

List all new persons who will be named on the title or lease and/or will occupy the residence. The relationship for each person is to the primary contact named on the prior page.

Name	Age	J Relationship
Current Address	City, State, Zip	
Home Phone	Birth date if under 18	
Cell Phone	Email	

Name	Age	j Relationship
Current Address	City, State, Zip	
Home Phone	Birth date if under 18	
Cell Phone	Email	

Name	Age	j Relationship
Current Address	City, State, Zip	
Home Phone	Birth date if under 18	
Cell Phone	Email	

EMPLOYMENT INFORMATION

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact



VEHICLE INFORMATION

To obtain a gate decal, your driver's license and registration for the vehicle will be required. Additional documents are required if the registration is not in your name and for rental cars.

Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State

PET INFORMATION

The Board of Directors for the Stoneybrook a Golf Community requires applicants to inform the Board of the type and weight of all pets. Community restrictions Section 5 Article 26 states: No more than two (2) household pets may be kept, provided they are not kept, bred, or maintained for any commercial purpose, and if they do not become a nuisance or annoyance to any neighbor by reason of barking or otherwise. No animals may be allowed around the Community unless they are leashed (including cats) as stated in Animal Control Ordinance 06-12.

Pet Name	Type/Breed	color weight
Pet Name	Type/Breed	color weight

Initial One:

_____ I/We agree to provide the registration and current vaccination records for all pets.

_____ I/We do not have any pets.

OFFICE USE ONLY BELOW THIS LINE

Notes:

Approved By: _____ Date: _____



Please Print Your Full Name SSN

Please Print Any Other Names You Have Used DOB

Street Address

City State Zip Code

Driver's License# Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature _____ Date _____

Witness _____ Date _____



Please Print Your Full Name SSN

Please Print Any Other Names You Have Used DOB

Street Address

City State Zip Code

Driver's License# Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature _____ Date _____

Witness _____ Date _____



CHARACTER REFERENCE FORM

To be completed by someone outside of your immediate family: friend, neighbor, co-worker, etc.

Applicant Name _____

To whom it may concern:

The Applicant named above is applying to a Deed Restricted Community in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information, you consider pertinent in verifying the character and stability of the applicant.

Upon completion, please return this form to the APPLICANT. This completed Character Reference form must be sent with their application for the Board to consider their residency. Thank you for your assistance in this matter.

YOUR INFORMATION

Please print

Name	Today's Date
Address	City, State, Zip
Phone	Alternate Phone

How do you know the applicant? _____

For how long have you known the applicant? _____

Would the applicant make a good neighbor in your opinion? YES NO

Please describe the applicant's character and stability as you know them:

I certify this information to be true and accurate.

Signed: _____



CHARACTER REFERENCE FORM

To be completed by someone outside of your immediate family: friend, neighbor, co-worker, etc.

- Applicant Name _____

To whom it may concern:

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Upon completion, please return this form to the APPLICANT. This completed Character Reference form must be sent with their application for the Board to consider their residency. Thank you for your assistance in this matter.

YOUR INFORMATION

Please print

Name	Today's Date
Address	City, State, Zip
Phone	Alternate Phone

How do you know the applicant? _____

For how long have you known the applicant? _____

Would the applicant make a good neighbor in your opinion? YES NO

Please describe the applicant's character and stability as you know them:

I certify this information to be true and accurate.

Signed: _____



Alliant Association Management
 13831 Vector Avenue
 Fort Myers, FL 33907
 E-mail: apmsupport@alliantproperty.com
 Phone: 239-454-1101
 Fax: 239-454-1147
 www.alliantproperty.com

OWNER CONTACT INFORMATION

The information provided is for association business use only and will not be made public.

Date: _____ Community: _____

Name: _____

HOME ADDRESS – ON-SITE

Mail to: (check box)

Street Address: _____
 Unit Number: _____
 City / Zip Code: _____
 Primary E-mail: _____
 Secondary E-mail: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____

ADDRESS – ALTERNATE

Mail to: (check box)

Street Address: _____
 Unit Number: _____
 City: _____
 State / Province: _____
 Zip Code: _____
 Home Phone: _____

Do you want to **opt-out** of the neighborhood directory with your e-mail, telephone # and alternate address? YES

EMERGENCY CONTACT INFORMATION

Name: _____
 Cell Phone: _____
 Home Phone: _____

RENTER INFORMATION

Name: _____
 Cell Phone: _____
 Home Phone: _____

Do you want to **opt-in to receive electronic communications** from the Association and Alliant Property Management, LLC, to include General Correspondence & Announcements, Invoices & Statements, and Official Letters & Notices (i.e., delinquencies & covenant violation rules)? This will save the association mailing costs. If opting-in, please check the box, sign and date.

YES Signature: _____ Date: _____

Please e-mail, mail, or fax the completed form using the contact information at the top right of this form. Thank you.