



## MASTER ASSOCIATION SALE APPLICATION

### INSTRUCTIONS & GUIDELINES

1. Please visit website below to complete the application.
2. The completed application must be submitted online 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 the appropriate Management Company for details:

Lancaster	{ Pinecrest I & III	Tropical Isles Management	(239) 939-2999
	Pinecrest II & IV	Precedent Hospitality & Mgmt.	(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. Visit, <https://buyerapplications.com/>
2. Application completed in its entirety.
3. A copy of the executed Sales Contract.
4. A copy of your pet's registration and current vaccination records, if applicable
5. 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:

a. Buyer Application	\$150.00	Online
b. Processing fee	\$25.00	Online
c. Background Fee	\$40.00	Online
(each person)		

**Questions :**  
**Stoneybrook Community Center**  
**11800 Stoneybrook Golf Drive**  
**Estero, FL 33928**  
**Office: (239) 948-1787**

Vehicle gate decals & pool/fitness keys are \$10.00 each. Payment is collected when the decal or key is issued.



Alliant Association Management  
13831 Vector  
Ave. Fort  
Myers, FL  
33907

Email: admin@alliantproperty.com  
Phone: 239-454-1101  
Fax: 239-454-1147  
www.alliantproperty.com

## Owner Contact Information

Date: \_\_\_\_\_  
\_\_\_\_\_

Community: \_\_\_\_\_

Name: \_\_\_\_\_

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

**Home Address-On-Site** Mail To:  Check Box

Address	_____
Unit Number	_____
City/Zip	_____
Home Phone:	_____
Cell phone:	_____
Primary E-mail	_____
Work Phone:	_____
Fax Number:	_____

Do you want to opt-in the neighborhood  Yes directory with e-mail and telephone# and alternate address

**Address-Alternate** Mail To:  Check Box

Address/City:	_____
State/Province:	_____
Zip/Postal Code:	_____
Home Phone:	_____
Work Phone:	_____
Fax Number:	_____
Emergency Contact	_____
Emergency Contact Phone:	_____

Renter Name & Phone: \_\_\_\_\_

**You can opt-in to receive certain communications from the association via e-mail in lieu of it being mailed to you. Please check off the type of information you want emailed to you instead of paper. This will save the association mailing costs.**

General correspondence and announcements:  YES

Official letters and notices, like delinquencies and covenant violation notices:  YES

Invoices and Statements:  YES

Signature: \_\_\_\_\_

Date: \_\_\_\_\_