

MASTER ASSOCIATION SALE APPLICATION

INSTRUCTIONS & GUIDELINES

- Please visit the website below to complete the application.
- 2. The completed application must be submitted online at least twenty (20) days before the desired date of occupancy,
- 3. Unregistered occupancy and occupancy before 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, II & III

Tropical Isles Management

(239) 939-2999

Pinecrest IV

Precedent Hospitality & Mgmt.

(727) 573-9300

Knighton

Villas I

Alliant Property Management

(239) 454-1101

Portrush

Precedent Hospitality & Mgmt. Villas II

(727) 573-9300

DOCUMENTS AND FEES REQUIRED

- Visit, https://buyerapplications.com
- 2. Application completed in its entirety.
- 3. A copy of the executed Sales Contract.
- 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.
- Non-refundable application fees:

a. Buyer Application Fee

\$150.00

Online

b. Service Fee

\$25.00

Online

c. Background Fee

\$40.00/person

Online

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.



Owner Contact Information

Invoices and Statements:

Signature:

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 Date: The provided information is for association business use only and will not Community: be made public. Name: Mail To: 0 Check Box Mail To: 0 Check Box Address-Home Address-On-Site **Alternate Address** Address/City: **Unit Number** State/Province: City/Zip Zip/Postal Code: **Home Phone:** Home Phone: Cell phone: Work Phone: Primary E-mail Fax Number: Work Phone: **Emergency Conta ct** Fax Number: **Emergency Conta** directory with e-mail and telephone# and Renter Name & Phone: alternate address 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. 0 YES General correspondence and announcements: 0 YES Official letters and notices, like delinquencies and covenant violation notices: YES

Date: