



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 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 Property Management	(239) 344-8733
Knighton	Villas I	Alliant Property Management	(239) 454-1101
Portrush	Villas II	Precedent Property Management	(239) 344-8733

DOCUMENTS AND FEES REQUIRED

1. Application completed <https://buyerapplications.com/>
2. Each person over the age of 18 who is named in the title /or will occupy the home must submit for a background check.
5. Non-refundable application fees:
 - a. Buyer Application Fee **\$150.00** Online
 - b. Processing Fee **\$20.00** Online
 - c. Background Fee **\$40 (per 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.



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: 0 Check Box

Address-Alternate Mail To: 0 Check Box

Address	<input type="text"/>
Unit Number	<input type="text"/>
City/Zip	<input type="text"/>
Home Phone:	<input type="text"/>
Cell phone:	<input type="text"/>
Primary E-mail	<input type="text"/>
Work Phone:	<input type="text"/>
Fax Number:	<input type="text"/>

Address/City:	<input type="text"/>
State/Province:	<input type="text"/>
Zip/Postal Code:	<input type="text"/>
Home Phone:	<input type="text"/>
Work Phone:	<input type="text"/>
Fax Number:	<input type="text"/>
Emergency Contact	<input type="text"/>
Emergency Contact Phone:	<input type="text"/>

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

Renter Name & Phone: _____

You can opt-in to receive certain communications from the association via e-mail instead 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's mailing costs.

General correspondence and announcements: YES

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

Invoices and Statements: YES

Signature: _____

Date: _____