

Estero Palms Homeowners Association
APPLICATION FOR APPROVAL
TO PURCHASE OR LEASE

Application for Purchase _____ or Lease _____ Today's Date _____

Purchase date _____ Term of Lease _____ to _____

Unit Owner Name _____

Estero Palms Address _____ Phone # _____

Unit Owners Email Address _____

Buyer/Lessee Name #1 _____ #2 _____

Phone Number(s) #1 _____ #2 _____

***E-mail Address** #1 _____ #2 _____

**Note: E-mail is a primary form of communication. Please provide an e-mail for our records and use.*

Current Address _____

City _____ State _____ Zip _____

No. occupants _____ **Other Occupant Names** _____

Alt. Phone Numbers _____

Emergency: Name _____ Phone _____

References: Name _____ Phone _____

Name _____ Phone _____

Vehicle Make/Model _____ **Yr** _____ **Color** _____ **Lic Number** _____

Vehicle Make/Model _____ **Yr** _____ **Color** _____ **Lic Number** _____

Type of Pet #1 _____ #2 _____

Current Landlord or Mortgage Holder

Name _____ Phone _____

Have you ever filed bankruptcy? _____ What year? _____
 A. Been convicted of a felony? _____ What year? _____
 What for? _____
 B. Been convicted for being under the influence or dealing in drugs, including alcohol? _____
 Year _____

APPLICATION SHOULD INCLUDE THE FOLLOWING:

- A **copy** of the purchase contract or lease agreement.
- Copy of Photo ID's for all adults. (Drivers license or passport)
- A **check or money** order in the amount of **\$100.00** payable to **Estero Palms**
- A **check or money** order in the amount of **\$25** per adult for background check payable to **Estero Palms**.
- Signed Sheet that Rules & regulations were received and read.
- A **check or money** order in the amount of **\$150** processing fee payable to **K.E. Ledgers & Associates**.

The above **MUST** all be attached to this application and sent to:

Estero Palms HOA
P.O. Box 100423
Cape Coral, FL 33910
kerry@keledgersassociates.com

Approval will not be granted if application is incomplete.

The information as described above must be submitted at least twenty (20) days prior to the intended closing date or starting lease date.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I/WE UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENENT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE.

FL Statute 718.116(11) If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the condominium unit to the association, and the tenant must make such payment.

Date _____ #1 Buyer/Lessee Signature _____
 #2 Buyer/Lessee Signature _____
 OWNER SIGNATURE _____

A copy of the approval to be sent to: _____
 (Email, fax or mailing address)

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved _____ Disapproved _____

By _____ Date _____
 Name and Title

Application completed: Yes () No () Application Fees Submitted: Yes () No ()
 Check or money order # _____
 Copy of sales contract or lease attached: Yes () No () Rules & Reg Sheet Signed : Yes () No ()
 Copy of two personal references attached with telephone numbers: Yes () No ()
 Information verification completed by: _____
 Reasons for action taken: _____

KE Ledgers & Associates / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Are you Buying or Renting? _____

Have you ever been arrested before? _____

Employer: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A _____

Landlord: _____ N/A _____ Tel#: _____ N/A _____

Property Name: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

Landlord: _____ N/A _____ Tel#: _____ N/A _____

Property Name: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

****This is to be completed by each adult****

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

KE LEDGERS & ASSOCIATES may request one or more consumer reports or investigative consumer reports about you for **residential** purposes. These reports may include information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which may be used as a factor in making a **residential**-related decision about you. Such information may include credit reports, criminal history, civil records, etc. or personal interviews with your current or prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below, I agree that I have read and understand the foregoing Disclosure and hereby authorize AmeriCheckUSA to obtain consumer reports or investigative consumer reports about me for **residential** purposes. I further authorize KE LEDGERS & ASSOCIATES and AmeriCheckUSA to share the information with any person involved in the **residential** decision about me. This Authorization is no longer valid after 90 days of date signed, and you also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name (One Person Per Form)

Signature (One Person Per Form)

Date

- For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.