Marsh Landing Community Association at Estero, Inc.

APPLICATION FOR APPROVAL OF PURCHASE, TRANSFER, GIFT, **DEVISE OR INHERITANCE FORM**

- 1. The Application for Approval, Transfer, Gift, Devise or Inheritance Form must be completed in detail. Use of home you are purchasing is for single family residence only.
- 2. If any question is not answered or left blank, the application will be returned, not processed and not approved.
- 3. Please attach a completed copy of the Sales Contract to this application.
- 4. Please enclose checks as per the sales checklist attached. Note: Acceptance of the processing fee does not in any way constitute approval of this transaction. In the case of Villa or Coach Home units, a separate sales application is required as well as a non-refundable processing fee made payable to the appropriate association. See page 2.
- 5. The completed Master Association application must be submitted at least 30 days prior to the expected closing date.
- 6. Please attach a copy of the driver's license of all parties listed on the application.
- 7. No commercial vehicles, trucks, boats, trailers, motor homes, campers, recreational vehicles, motorcycles, etc. are permitted to be parked on the premises overnight, unless housed in a garage.
- 8. Units are not permitted to be leased or rented for a period of 3 years from date of purchase.
- 9. Purchaser must notify the Association office with the exact date of their closing.
- 10. We prefer all moving of furniture in or out of a home occur on Monday through Saturday between the hours of 8:00 A.M. and 6:00 P.M.
- 11. After approval and closing, please come to the Clubhouse office to obtain your security code. Hours of operation for the office are Monday - Friday, 8:00 A.M. - Noon.
- 12. Effective 7-1-2021 the Capital Contribution for all homes (condominiums, villas, single family) will be \$1,000.00

PLEASE PRINT OR TYPE ALL INFORMATION ON THE FORMS AND RETURN TO:

Marsh Landing Community Association at Estero, Inc. 22901 Marsh Landing Blvd. Estero, FL 33928

Office: (239) 498-6309 Fax: (239) 498-4543 e-mail: Clubhouseoffice@gmail.com

Additional Fees Required for Purchase by Neighborhood Associations

Neighborhood Association	Processing Fee
	Effective 7-1-2021
Marsh Landing Villa I HOA	\$100.00
Marsh Landing Villa II HOA	\$100.00
Marsh Landing Townhouse Condominium Association I	\$100.00
Marsh Landing Townhouse Condominium Association II	\$100.00
Marsh Landing Townhouse Condominium Association III	\$100.00
Marsh Landing Townhouse Condominium Association V	\$100.00
Marsh Landing Townhouse Condominium Association VI	\$100.00
Marsh Landing Townhouse Condominium Association VII	\$100.00
Marsh Landing Townhouse Condominium Association VIII	\$100.00
Marsh Landing Townhouse Condominium Association IX	\$100.00

CONTACT THE APPROPRIATE MANAGEMENT COMPANY FOR ADDITIONAL REQUIREMENTS.

<u>Villa I</u>	Vesta Propert	y Services
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27180 Bay Landing Drive Ste. 4 Bonita Springs, FL 34135 Office: 239-947-4552 Fax: 239-495-1518 www.VestaPropertyServices.com/SW

Villa II Association Solution Providers, PLLC C/o Michael Towns, LCAM 15 Iguana Court Fort Myers, FL 33912 MLVilla2HOA@gmail.com

> MtownsASP@gmail.com 239-339-7218

Townhouse Condominium Associations as Follows:

Condominium 2, 6, 7, 8, 9

Condominium 1, 3 & 5

Advanced Property Management Service, Inc.

1035 Collier Center Way # 7 Naples, FL 34110 239-513-9433 Association Solution Providers, PLLC 15 Iguana Court Fort Myers, FL 33912 239-339-7218

Marsh Landing Community Association at Estero, Inc.

APPLICATION CHECK LIST

To be used when applying for a purchase in Villas I, Villas II, Condominiums* and the Marsh Landing **Single Family Residences**

*(Condominium purchasers must complete this application in addition to Advanced Properties Application)

APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS

(All applications that are incomplete will be returned to the submitting agent or owner) Please use this checklist to complete your application process:

- Please Return FULLY COMPLETED APPLICATION •
- Copy of Sales Agreement •
- Photocopy of Driver's License(s) •
- Checks (see below)

\$75.00	Amenities Tra	ansfer Fee, m	nade payable to	Marsh Landing	Community A	Association
				-	•	

\$100.00 Processing Fee made payable to Marsh Landing Community Association

\$50.00 Background Check Fee payable to Marsh Landing Community Association (\$50.00 per person in household over 18 years of age)

Authorization Release Form for Background check per person. (page 6)

A Capital Contribution amount will be collected by Marsh Landing Community at closing as follows:

\$1,000.00 for Condominiums (Lone Oak Drive) \$1,000.00 for Villas (Grassy Pine Drive) **\$1,000.00** for Single Family Homes

NOTE: These fees were amended by resolution of the Board of Directors and all homes (condominiums, villas, single family) effective 7/1/21.

NOTE: To access information regarding your Estoppel information for closing please go to www.homewisedocs.com

Owner name/Agent Initials:	Date:
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Applicant's Initials: Date:

Marsh Landing Community Association Application

PLEASE TYPE OR PRINT

Addres	s of Purchase Property:			
Curren	t Owner of Record:			
Closing	Date:	Date of Occupa	ncy:	
at Este PURCH concern	ero, Inc. IN ACCORDANCE W HASER(S) represents that the	KES APPLICATION FOR OWNER /ITH THE DECLARATION OF HO following information is true and formation which comes from that i	OMEOWNERS ASS(correct and consent	DCIATIONS, THE s to further investigation
A)	Applicant's Full Name: (Firs	t, Middle, Last)		
1)				
2)				
Marital	Status:			
1)	DOB:	Driver's License #	State:	
2)	DOB:	Driver's License #	State:	
B)	Applicant's Current Address:			
C)	PHONE: h) I/We am/are purchasing this	Email: s unit with the intention to: (Cir	rcle One)	
1)	Reside here on a full-time b	oasis 2) Reside here on a part	time basis* 3) Le	ase the unit*
		e provide an address to receive a the first 36 month of ownershi		
Mailing	address:	City	State Zip	
Phone:		Email:		
2)	Employer:	Phone:		
	Address:	Position:		
3)	Auto # 1: Year Make	Model	St./Plate#/	
	Auto # 1: Year Make _	Model S	St./Plate#/	
4)	Additional person(s) occupyi	ng unit:		
	Name:	Relationship:		
	Name:	Relationship:		

_____(initial) **I/We** request approval to purchase the above described unit/property. I/We hereby state that the Seller has made available to me/us all *Marsh Landing Community Association* documents, including, but not limited to all *Rules and Regulations* as they pertain to the above described unit/property and community. I/We have read said *Rules and Regulations* and agree to abide by and be bound to all rules and regulations. I/We understand and agree that any violation of a rule or regulation is subject to remedial action under the provisions of the *Marsh Landing Community Association* documents. I/We understand the condominium, villa home or single-family home cannot be leased for the first 36 month of ownership per the community covenants.

_____(initial) I/We understand that there are additional HOA fees due to if purchasing property on Grassy Pine Dr.(Villa) or Lone Oak Dr.(Townhouse Condominium).

_____(initial) **I/We** understand that I/We are responsible for obtaining the key fob(s) for admission to the community clubhouse amenities from the **SELLER** of this property. Failure to do so will result in additional cost incurred for replacement fob(s).

Signature of Applicant:	Date:
Signature of Applicant:	Date:
Real Estate Agent/Company:	Email:
Address:	City St Zip Ph:
CLOSING AGENT:	Email:
Address:	Phone:
Send your Completed Application:	Marsh Landing Community Association 22901 Marsh Landing Blvd. Estero, FL 33928 (phone) 239-498-6309 (fax) 239-498-4543

	ACTION OF THE BOARD
	APPROVED: DISAPPROVED DATE OF DECISION
	BY: Date: Marsh Landing Community Association at Estero, Inc.
	BY:Date: Villas / Townhouse Condo.
-	BY:Date: Marsh Landing Community Association at Estero, Inc. BY:Date:

Background Check Release Authorization Form Information Not for Distribution

Applicant First Name	Applicant Middle Name	Applicant Last Nam	e	
Maiden or AKA Names				
<u>First</u>	Middle	Last		
Current Address:				
Street	City	<u>State</u>	Zip	
Applicant Phone Number:		Applicant Email Address:		_
Other Addresses during the pa	<u>st seven years</u> :			
Street	City	State	Zip	
APPLICANT INFORMATI	ON:			
Social Security Number (digit	s only)			
Birth Date: (MM/DD/YYY)	/	/		
Driver's License #				
Issuing State:				
Have you ever been adjudica	nted guilty of a felony or first degre	ee misdemeanor? [] yes [] r	10	
(initial) <i>If yes</i> , for each of Adjudication; Sentence of t	h offense please attach a separate she he court.	eet of paper providing the follow	ing information: Name of the Cou	urt; St./Province of Court; Date
Authorization to release info	rmation to Marsh Landing Comm	unity Association at Estero, In	ıc.	
You are hereby authorized to residence and background in r	release and give to the below mention eference with my application made f	ned party or their attorney or rep or residency.	resentative, any and all informatio	n they request concerning my
DESIGNATED PARTY: Fide	lity Data Service			
I hereby waive any privileges	I may have with respect to the said in	nformation in reference to the rel	lease to the aforesaid party(s).	
Applicant's Signature		Applicant's Name Printed		
Date:				

Information Not for Distribution

Background Check Release Authorization Form Information Not for Distribution

Applicant First Name	Applicant Middle Name	<u>Applicant Last Nan</u>	ne	
Maiden or AKA Names First	Middle	Last		
Current Address: Street	City	State	Zip	
Applicant Phone Number: Other Addresses during the pa	st seven years: City	Applicant Email Address:	Zip	
APPLICANT INFORMATIC Social Security Number (digit: Birth Date: (MM/DD/YYY) Driver's License #	s only)	<u> </u>		
Issuing State:	nted guilty of a felony or first deg		no	
of Adjudication; Sentence of t				ourt; St./Province of Court; Date
You are hereby authorized to r residence and background in r DESIGNATED PARTY: Fide	ormation to Marsh Landing Con release and give to the below ment eference with my application mad lity Data Service I may have with respect to the said	ioned party or their attorney or rep e for residency.	presentative, any and all informat	ion they request concerning my
Applicant's Signature				
Date:				

Information Not for Distribution