



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.**

Villa I

Vesta Property Services
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

Advanced Property Management Service, Inc.
1035 Collier Center Way # 7
Naples, FL 34110
239-513-9433

Condominium 1, 3 & 5

Association Solution Providers, PLLC
15 Iguana Court
Fort Myers, FL 33912
239-339-7218



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 Transfer Fee, made payable to Marsh Landing Community 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)

_____ \$100.00 Processing Fee for Condo or Villa Association (payable to applicable Association)

- 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: _____

Applicant's Initials: _____

Date: _____

Marsh Landing Community Association Application

PLEASE TYPE OR PRINT

Address of Purchase Property: _____

Current Owner of Record: _____

Closing Date: _____ Date of Occupancy: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR OWNERSHIP IN **Marsh Landing Community Association at Estero, Inc.** IN ACCORDANCE WITH THE DECLARATION OF HOMEOWNERS ASSOCIATIONS, THE PURCHASER(S) represents that the following information is true and correct and consents to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request including background check.

A) Applicant's Full Name: (First, Middle, Last)

1) _____

2) _____

Marital Status: _____

1) DOB: _____ Driver's License # _____ State: _____

2) DOB: _____ Driver's License # _____ State: _____

B) Applicant's Current Address: _____

PHONE: h) _____ Email: _____

C) ***I/We am/are purchasing this unit with the intention to: (Circle One)***

1) Reside here on a full-time basis 2) Reside here on a part time basis* 3) Lease the unit*

(*If you circled #2 or #3 above, please provide an address to receive all correspondence. **If you circled #3, the condo, villa or home cannot be leased for the first 36 month of ownership per the community covenants.**)

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 _____ St./Plate# _____/_____

4) Additional person(s) occupying 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.
Esteros, 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 Esteros, Inc.

BY: _____ Date: _____
Villas / Townhouse Condo.

Background Check Release Authorization Form
Information Not for Distribution

Applicant First Name

Applicant Middle Name

Applicant Last Name

Maiden or AKA Names

First

Middle

Last

Current Address:

Street

City

State

Zip

Applicant Phone Number: _____ Applicant Email Address: _____

Other Addresses during the past seven years:

Street

City

State

Zip

APPLICANT INFORMATION:

Social Security Number (digits only) _____

Birth Date: (MM/DD/YYYY) _____ / _____ / _____

Driver's License # _____

Issuing State: _____

Have you ever been adjudicated guilty of a felony or first degree misdemeanor? [] yes [] no

_____ (initial) *If yes*, for each offense please attach a separate sheet of paper providing the following information: Name of the Court; St./Province of Court; Date of Adjudication; Sentence of the court.

Authorization to release information to Marsh Landing Community Association at Estero, Inc.

You are hereby authorized to release and give to the below mentioned party or their attorney or representative, any and all information they request concerning my residence and background in reference with my application made for residency.

DESIGNATED PARTY: Fidelity Data Service

I hereby waive any privileges I may have with respect to the said information in reference to the release 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 Applicant Last Name

Maiden or AKA Names

First Middle Last

Current Address:

Street City State Zip

Applicant Phone Number: _____ Applicant Email Address: _____

Other Addresses during the past seven years:

Street City State Zip

APPLICANT INFORMATION:

Social Security Number (digits only) _____

Birth Date: (MM/DD/YYYY) _____ / _____ / _____

Driver's License # _____

Issuing State: _____

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