



*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.

**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](mailto:ClubhouseOffice@gmail.com)



**Additional Fees Required for Purchase by Neighborhood Associations**

Neighborhood Association	Processing Fee
Marsh Landing <b>Villa I</b> HOA	\$75.00
Marsh Landing <b>Villa II</b> HOA	\$75.00
Marsh Landing Townhouse Condominium <b>Association I</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association II</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association III</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association V</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association VI</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association VII</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association VIII</b>	\$100.00
Marsh Landing Townhouse Condominium <b>Association IX</b>	\$100.00

**CONTACT THE APPROPRIATE MANAGEMENT COMPANY FOR  
ADDITIONAL REQUIREMENTS.**

**Villa I** Broadway Association Management  
12811 Kenwood Lane Suite 103  
Fort Myers, FL 33907-5643  
239-728-6100

**Villa II** M L Villa II HOA  
23197 Grassy Pine Dr.  
Estero, FL 33928-4329  
MLVilla2HOA@gmail.com

**Townhouse** Advanced Property Management Service, Inc.

**Condominium** 1035 Collier Center Way # 7

**Associations** Naples, FL 34110

**I to IX** 239-513-9433



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)

- 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:

- \$300 for Condominiums (Lone Oak Drive)
- \$500 for Villas (Grassy Pine Drive)
- \$750.00 for Single Family

**NOTE:** To access information regarding your Estoppel information for closing please go to [www.homewisedocs.com](http://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)

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

D) **Employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_

E) Auto # 1: Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ St./Plate# \_\_\_\_/\_\_\_\_

Auto # 1: Year \_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ St./Plate# \_\_\_\_/\_\_\_\_

F) 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 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.

\_\_\_\_\_(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**

<b>ACTION OF THE BOARD</b>
APPROVED: _____ DISAPPROVED _____ DATE OF DECISION _____

BY: \_\_\_\_\_ Date: \_\_\_\_\_  
**Marsh Landing Community Association at Estero, 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: \_\_\_\_\_

**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.

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Applicant's Signature \_\_\_\_\_

Applicant's Name Printed \_\_\_\_\_

Date: \_\_\_\_\_

*Information Not for Distribution*