



SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

"A Multi-Association, Limited Access, Gated Community"

Office: Executive Suites at World Plaza

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(REVISION L)

**NON-RELATED
RESIDENT APPLICATION**

(OWNER OCCUPIED UNIT WITH PERMANENT NON-RELATED OCCUPANT)
(PLEASE TYPE OR PRINT)

UNIT OWNER NAME _____ UNIT ADDRESS _____

OCCUPANCY START DATE _____

(A) RESIDENT NAME _____

DOB) _____ (SS#) _____ (DL#) _____ (ST) _____

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

DAY PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYER NAME & ADDRESS _____

(B) RESIDENT NAME _____

(DOB) _____ (SS#) _____ (DL#) _____ (ST) _____

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

DAY PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYER NAME & ADDRESS _____

ADDITIONAL RESIDENT INFORMATION

(LIMIT 2 ADULTS PER BEDROOM) (LIST ALL PERSONS THAT WILL OCCUPY THIS RESIDENCE)
(NAME & RELATIONSHIP) (IDENTIFY IF RESIDENT IS UNDER 18 YEARS OF AGE)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

VEHICLE INFORMATION (LIMIT 2 PER UNIT BY PERMIT ONLY)

(OPEN- BED TRUCKS, MOTORCYCLES, WATER CRAFT & TRAILERS ARE PROHIBITED)

(YR)____ (MAKE/MODEL) _____ (2/4DR) _____
(CAR/TRUCK/SUV)_____ (COLOR) _____ (LIC/TAG#) _____ (ST) _____

(YR)____ (MAKE/MODEL) _____ (2/4DR) _____
(CAR/TRUCK/SUV)_____ (COLOR) _____ (LIC/TAG#) _____ (ST) _____

PERSONAL REFERENCE & EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
DAY PHONE (____) _____ NIGHT PHONE (____) _____

APPLICANT AGREEMENT & CONSENT

APPLICANTS DO HEREBY AGREE AND CONSENT THAT THE ASSOCIATION MAY REQUEST AND OBTAIN ADDITIONAL INFORMATION THAT THE ASSOCIATION DEEMS NECESSARY IN THE PROCESSING OF THIS APPLICATION INCLUDING BUT NOT LIMITING TO THE ENGAGEMENT OF THE SERVICES OF AN INDEPENDENT INVESTIGATIVE SERVICE FOR CONFIDENTIAL CRIMINAL BACKGROUND RESEARCH AND CREDIT REPORTING.

APPLICATION PROCESSING FEE: \$100.00 non-refundable (LIMIT TWO NAMES PER APPLICATION)

INVESTIGATION FEE \$50.00 PER RESIDENT OCCUPANT OVER 18 YEARS OF AGE. (NON-REFUNDABLE)

THE PROPER FEE MUST BE SUBMITTED WITH THIS APPLICATION PRIOR TO PROCESSING.
CHECK PAYABLE TO: SUMMERLIN WOODS CONDOMINIUM ASSOCIATION INC.

ACKNOWLEDGMENT

APPLICANTS HEREBY ACKNOWLEDGE RECEIPT OF THE ASSOCIATION RULES AND REGULATIONS AND AGREE THAT THEY AND THEIR GUESTS WILL FULLY COMPLY WITH SAME. **APPLICANTS HEREBY ACKNOWLEDGE THAT THEY WILL NOT PERMIT ANY PETS TO BE KEPT IN THE UNIT OR BROUGHT UPON THE ASSOCIATION PROPERTY THAT BELONG TO THE NON-OWNER RESIDENT OR THEIR GUESTS.**

APPLICANTS HEREBY CERTIFY AND SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO DATE TO THE BEST OF THEIR KNOWLEDGE.

**NOTE: THIS APPLICATION MUST BE SUBMITTED WITH:
ALL APPLICABLE SIGNATURES,
PROPER FEE
A COPY OF DRIVER LICENSE FOR ALL PROSPECTIVE ADULT RESIDENTS**

SIGNATURE UNIT OWNER DATE_____

SIGNATURE RESIDENT (A) DATE_____

SIGNATURE RESIDENT (B) (IF APPLICABLE) DATE_____