



SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

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

Office: Executive Suites at World Plaza
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(REVISION L)

RELATED RESIDENT APPLICATION

(OCCUPANCY OVER 30 DAYS) (WITH OR WITHOUT OWNER OCCUPANCY)
(PLEASE TYPE OR PRINT)

UNIT OWNER NAME _____ UNIT ADDRESS _____

START DATE _____ ENDING DATE _____

(A) RESIDENT NAME _____

RELATIONSHIP TO OWNER _____

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

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

WORK PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

(B) RESIDENT NAME _____

RELATIONSHIP TO OWNER _____

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

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE WORK (____) _____ HOME (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

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 VEHICLES 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 ADULT OCCUPANT OVER THE AGE OF 18YRS. (NON-REFUNDABLE) Note: (fee waived if screened by association within past 2 years)
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 THEIR UNIT OR BROUGHT UPON THE ASSOCIATION PROPERTY.**

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 INCLUDE:

REQUIRED SIGNATURES,

PROPER FEE.

A COPY OF DRIVER LICENSE FOR ALL PROSPECTIVE ADULT RESIDENTS

SIGNATURE UNIT OWNER

DATE _____

SIGNATURE RESIDENT (A)

DATE _____

SIGNATURE RESIDENT (B)

DATE _____