



APPLICATION TRACKING FORM

NAME OF ASSOCIATION

PROPERTY ADDRESS	
NAME OF CURRENT OWNER(S)	
NAME OF APPLICANT(S)	
DATE RECEIVED BY MANAGEMENT	

MANAGEMENT INFO ONLY			
Circle	Information Received by Management	Date Received	Completion Date
Y / N	Application		
Y / N	Application Fee		
Y / N	Back Ground Check		
Y / N	Background / Credit Check Fee(s)		
Y / N	Credit Check (sales only)		
Y / N	Governing Documents Receipt of Records		
Y / N	Estoppel (sales only)		
Y / N	ID's		
Y / N	Insurance (HO6 sales only)		
Y / N	Lease Agreement (rentals only)		
Y / N	Submitted to Committee / Board for Approval		
Y / N	Interview of Applicant(s)		
Y / N	Association Approval Granted / Denied		
Y / N	Notification of Approval sent to Owner / Agent		
Y / N	Title Transferred (sales only)		
Y / N	Coupons Ordered (sales only)		
Y / N	Update owner / tenant info in Software System		

BOARD OR COMMITTEE INFO ONLY			
Committee Decision	Date:	Check One:	Approved Denied
Reason For Denial:			
Board Decision	Date:	Check One:	Approved Denied
Reason for Denial:			

RETURN TO LANDEX RESORTS 1100 HOMESTEAD RD. LEHIGH ACRES, FL 33936 INFO@LANDEXRESORTS.COM

(Name of Association)

APPLICATION FOR SALE

This form must be completed in full and submitted to the Board of Directors and approved in writing prior to closing on the sale or transfer of title to a third party. The Association has established rules and procedures for the right to review and approve/decline all applications for the purchase of any unit. If this application is not completed within 10 days it will be automatically denied, based on failure to provide all required information. If the Association, in writing, does not accept this offer within 20 days of receipt, the owner shall have the right to sell to the purchaser.

APPLICATION CHECK LIST

- _____ Application Fee of \$ _____ must accompany this application. Fee made payable to the name of the Association.
- _____ Background (National / Foreign Criminal) and Credit Checks are required, forms made apart of this application. Fee is \$30 per applicant, and for any person residing in the residence over the age of 18 years old. Checks made payable to Landex.
- _____ Picture ID's are required for each applicant
- _____ Receipt of Association Governing Documents (included as part of this application).

PROPERTY INFORMATION

Street Address:	Unit:	Current Owner:
Will you be a Permanent Resident: Y / N		Part Time Resident Y / N From: To:
Or will you Lease Property: Y / N		
<i>*If you answered YES to Leasing the property please note a separate Application for Lease must be submitted and approved prior to tenants taking residency. Check governing documents for rental restrictions.</i>		

BUYER INFORMATION

Buyer Name:	Buyer Name:
Social Security No:	Social Security No:
Driver's License No:	Driver's License No.
Birth Date:	Birth Date:
Phone No:	Phone No:
Email Address:	Email Address:
Current Physical Address:	Current Physical Address:
City: State: Zip:	City: State: Zip:
Length of Time at Current Residence:	Length of Time at Current Residence:
Vehicle Make/Model: Color:	Vehicle Make/Model: Color:
<i>*No Commercial trucks or vehicles of any kind, RV's, boats or trailers. (Please see Rules and Regulations for other restrictions).</i>	
Employer: Phone:	Employer: Phone:
Emergency Contact:	Emergency phone number:

OCCUPANCY INFORMATION

Will anyone else be Occupying the property? Y / N	Name: Age: Relation:
Name: Age: Relation:	Name: Age: Relation:
Name: Age: Relation:	Name: Age: Relation:
Pets: Y / N Breed: Color:	Breed: Color:
<i>*Please note that exotic animals, aggressive breeds, livestock, and poultry are prohibited on the property. Check pet restrictions for weight limits and maximum pets allowed.</i>	

Personal Reference:	Personal Reference:
Phone Number:	Phone Number:
Do you know anyone living in this Association? Y / N	Name(s): Relation:
Realtor Name:	Realtor Phone Number:
Closing Date: Agent Name:	Closing Agent Phone Number:

ADDITIONAL INFORMATION

The "New Owner" agrees to pay the current Maintenance Fee of \$_____ per month for the balance of the current year, and the subsequent monthly maintenance fees, as they are established by the Board of Directors for future years.

The "New Owner" also agrees to pay any unpaid or current Special Assessments being levied against said unit in question by the Board of Directors. The Special Assessments are \$ _____. These Special Assessments are levied against the Association property are for:_____.

**Estoppel requests for full balances owed on an account can be made to Landex, fee of \$150.00 applies. Information provided does not apply to accounts in collection. Contact 239-369-5874, or email info@landexresorts.com for more information.*

RECEIPT OF DOCUMENTS

By initialing next to each item and signing below, I hereby acknowledge that I have read and accept the following information governing the Association. **Each applicant will need to initial and sign below.*

- _____ Articles of Incorporation
- _____ By-Laws
- _____ Declaration of Covenants, Restrictions and Limitations
- _____ House Rules and Regulations
- _____ Association Adopted Forms (ARB, Billing Collection, Leasing / Sales, Violation Fining, Volunteer, or other).

Buyer Signature: _____ Date: _____
Print Name: _____

Buyer Signature: _____ Date: _____
Print Name: _____

By signing below I hereby attest that the information submitted on this application is correct. I also acknowledge that I have received, read, understand, and agree to abide by the Declaration of Covenants, Conditions, Restrictions and Easements. In addition, I also acknowledge that I'm living in a Deed Restricted Community and are subject to the RULES and REGULATIONS that are applicable to the Association.

Buyer Signature: _____ Date: _____
Print Name: _____

Buyer Signature: _____ Date: _____
Print Name: _____

Landex Realty / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A _____

Supervisor: _____ N/A _____ Salary: _____ N/A _____

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A _____

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A _____

Landlord: _____ N/A _____ Rent: _____ N/A _____

Rented From: _____ N/A _____ To: _____ N/A _____

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for residence.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.