

**TURQUOISE AT SAPPHIRE LAKES  
Condominium Association, Inc.**

C/O Resort Management, Attn: Rhonda LaBounty  
9250 Corkscrew Rd.#9, Estero, FL 33928  
Ph: (239) 206-3872 / Email: rlabounty@resortgroupinc.com

**APPLICATION FOR APPROVAL TO  
PURCHASE OR LEASE CONDOMINIUM UNIT**

Please check appropriate box and complete the following information.

( ) I hereby apply for approval to **PURCHASE** (Street Address) \_\_\_\_\_ Unit # \_\_\_\_\_, in Turquoise at Sapphire Lakes, a Condominium, and for membership in the Association. **A complete copy of the signed Purchase Agreement, the transfer fees of \$75.00 payable to Resort Management and \$75.00 payable to Turquoise at Sapphire Lakes must be attached.**

( ) I hereby apply for approval to **LEASE** (Street Address) \_\_\_\_\_ Unit # \_\_\_\_\_, in Turquoise at Sapphire Lakes, a Condominium, for the period beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_. This unit must not be leased for less than one (1) month or more than three (3) times per year. No lease may exceed six (6) months. **Application must be submitted, along with Processing Fees payable in 2 checks: \$75.00 to Resort Management, and \$75.00 to Turquoise of Sapphire Lakes. A copy of the signed lease must be attached.**

Note: **TURQUOISE AT SAPPHIRE LAKES REQUIRES AT LEAST 30 DAYS FOR APPROVAL OF SALE AND LEASE APPLICATIONS.**

In order to facilitate consideration of this application. I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

Owner Name (s): \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

1. Full Name of Applicant: \_\_\_\_\_
2. Full Name of Spouse: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Home Phone #: (\_\_\_\_\_) \_\_\_\_\_
5. Business/Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_
6. Nature of Business / Profession: \_\_\_\_\_  
If Retired, Former Business/ Profession: \_\_\_\_\_
7. Company or Firm Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. The Documents for the above unit restrict use to **SINGLE FAMILY RESIDENCES**. Please state names and ages for all those who will be occupying the unit.  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

9. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ownership: How Long \_\_\_\_\_ Rented: How Long \_\_\_\_\_

**PLEASE INCLUDE TWO (2) WRITTEN REFERENCE LETTERS WITH THIS APPLICATION. THIS WILL REDUCE PROCESSING TIME.**

10. Two Personal references **NOT RELATED TO APPLICANT** (local if possible)  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Two (2) Credit References (local if possible)  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Person to be notified in case of Emergency:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

12. Vehicles to be kept at the Condominium: (max of 2 per unit)  
Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate # \_\_\_\_\_ State: \_\_\_\_\_  
Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
License Plate # \_\_\_\_\_ State: \_\_\_\_\_

**NO COMMERCIAL VEHICLES - OWNED, LEASED OR OPERATED BY A LESSEE OR THEIR GUESTS ARE ALLOWED TO BE PARKED ON COMMON GROUNDS. NO MOTORCYCLES ARE ALLOWED. ALL VEHICLES MUST HAVE SAPPHIRE LAKES DECALS.**

13. Mailing Address for Notices Connected with this Property:  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

14. If this transaction is a Sale, please check one of the following:  
I am purchasing this unit with the intention to:  
 Reside here on a full-time basis  
 Reside here part-time  
 Lease the Unit

I (we) will provide the Association with a **copy of our recorded deed within (10) days after closing.**

**AFTER CLOSING**

I am aware of, and agree to abide by the Declaration of Condominium for Turquoise at Sapphire Lakes, a Condominium, the Articles of Incorporation, By-Laws and any and all properly promulgated Rules and Regulations. I acknowledge receipt of a copy of the Association Rules.

I understand and agree that the Association, in the event it approves the lease, is authorized to act as the owner’s agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of Turquoise at Sapphire Lakes, The Association’s By-Laws, and the Rules and Regulations of the Association.

**AUTHORIZATION:** I/We hereby authorize Resort Management, Inc., and/or Turquoise at Sapphire Lakes Association, to verify all information contained on the application.

Dated: \_\_\_\_\_  
\_\_\_\_\_ Applicant  
\_\_\_\_\_ Applicant

**NO APPLICATION WILL BE APPROVED UNLESS COMPLETELY AND CORRECTLY FILLED OUT, AND HAVE A COPY OF THE SALE OR LEASE AGREEMENT AND ALL FEES ATTACHED.**

( ) Application Approved ( ) Disapproved

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Board of Directors Title

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c/o Resort Management, Attn: Rhonda LaBounty  
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**Character Reference Form**

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

Applicant Reference's Name \_\_\_\_\_

Street Address: \_\_\_\_\_

RE: Applicant's Name \_\_\_\_\_

To Whom it may Concern:

The applicant(s) named above are applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the applicant. This completed Character Reference Form MUST be sent with the application in order for the Board to approve their Purchase or Lease. Thank you for your assistance in this matter.

\_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

For how long have you known the applicant? \_\_\_\_\_

Would the applicant(s) make a good neighbor, in your opinion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe the applicant(s) character and stability as you know them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**

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Please describe the applicant(s) character and stability as you know them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**