

SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Alliant Property Management, LLC
13831 Vector Avenue
Fort Myers, FL 33907
(239)454-1101 or (239)454-1147 Fax

APPLICATION FOR PERMANENT GUEST STATUS

Complete all questions and fill in all the blanks. Incomplete applications will result in delays.
This form must be completed and submitted 15 days prior to occupancy.
Approval must be received PRIOR to occupancy.

I/we hereby submit this form to apply for permanent guest status and occupy (address)
_____, Sabal Springs Homeowners' Association, Inc.

I represent that the following information is factual and correct, and agree that there is no falsification or misrepresentation in this information. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

Name of property owner (s): _____

ALL QUESTIONS BELOW APPLY ONLY TO THE PERMANENT GUEST

1. Full name of applicant(s): _____

2. Mailing address: _____

Best phone number: _____ E-mail: _____

3. Employment: _____

Employer: _____ Occupation: _____

Business Address: _____ Phone: _____

4. Other Occupants: Number of people to occupy unit: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

5. Person to be notified in the case of emergency:

Name: _____ Phone #: _____

Address _____

Relationship: _____

6. References:

A. Name: _____ Relationship: _____

Address: _____ Phone: _____

B. Name: _____ Relationship: _____

Address: _____ Phone: _____

7. Make of car(s) to be kept at the residence:

Model/Make: _____ Year: _____

Color: _____ Plate #: _____ State: _____

TRUCKS OR ANY VEHICLE THAT HAS COMMERCIAL MARKINGS ARE NOT PERMITTED

8. List pet (s) you plan to bring to Sabal Springs Homeowners' Association, Inc. Also, list pet(s) already residing at this residence. **No more than two (2) dogs and two (2) household pets (such as cats and parakeets) are allowed in the household. (Pets not permitted: ex: Pit bull, Rottweiler, Doberman Pinscher, German Shepard).**

Type/breed: _____ Weight: _____

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9. I am occupying this unit with the intention to: (circle one)

(a) Reside here on a full-time basis

(b) Reside here on a part-time basis

By signing below I/we acknowledge the homeowner has provided to me the declaration of covenants and restrictions & the rules and regulations for Sabal Springs Homeowners' Association, Inc. I/we are aware of and agree to abide by the Association's Governing Documents, and any and all other properly promulgated rules and regulations and amendments in effect within the terms of my/our occupancy.

Dated: _____

Signature of Permanent Guest

OWNER AUTHORIZATION

By signing below I attest that (name) _____ is a permanent guest in my home and has my authorization and permission to occupy my home. I further attest that I am ultimately responsible for my permanent guest to follow and abide by the declaration of covenants and restrictions & the rules and regulations for Sabal Springs Homeowners' Association, Inc. and any and all other properly promulgated rules and regulations and amendments in effect within the terms of my/our occupancy. I additionally attest that my permanent guest is known to me personally and that the permanent guest named above is the true identity of the individual.

Dated: _____

Signature of Property Owner

Please return the completed application with the following items:

- _____ \$100.00 non-refundable processing fee payable to Alliant Property Mgmt.
- _____ \$40.00/per adult non-refundable criminal background fee payable to Alliant Property Mgmt. (FYI—Criminal checks for International applicants are \$45.00 per person)
- _____ A clear copy of Drivers License or Photo ID of all adults.
- _____ Completed Disclosure Consent for all applicants 18 y/o/a and older
- _____ Completed Fair Housing Act Occupancy Change Form (2 pages)
- _____ Receipt of Rules and Regulations

Please return the application and all above items to:

Alliant Property Management, LLC
13831 Vector Avenue
Fort Myers, FL 33907

FEES ARE NOT APPLICABLE TO RESIDENTS AND PERMANENT GUESTS RESIDING HERE PRIOR TO MARCH 10, 2020.

DISCLOSURE CONSENT APPLICATION

Please complete this form for each PERMANENT GUEST to occupy the unit of the age 18 and older. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Please Print Permanent Guest Full Name Social Security Number

Please Print Any Other Names You Have Used Date of Birth

Street Address

City State Zip Code

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature Date

Witness Date

Fair Housing Act Census- Occupancy Change Form
Sabal Springs Homeowners' Association, Inc.

I/we am/are the permanent guest of _____ (address)
in the Sabal Springs Homeowners' Association, Inc.

I/we understand that the community is required by Federal Law to verify the age of the occupants of the homes, if the community is to continue to qualify for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, as amended.

The following information is true and correct:

FULL NAME OF PERMANENT GUEST (1) _____

FULL NAME OF PERMANENT GUEST (2) _____

a. Please identify any proposed permanent guest(s) who is/are over 55 years of age:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

b. Please identify all other occupant(s):

Name _____ Date of Birth _____

Name _____ Date of Birth _____

c. I/we have provided photocopies of one of the following items (at least one must be photographic) as proof of age for each permanent guest for the Association's records, and the same are attached hereto:

Check applicable documents provided:

Permanent Guest (1) - Name _____

(1) Birth Certificate []

(2) Driver's License []

(3) Medicare Card []

(4) Voter's Registration []

(5) Other (specify): [] _____

Check applicable documents provided:

Permanent Guest (2)-Name _____

(1) Birth Certificate []

(2) Driver's License []

(3) Medicare Card []

(4) Voter's Registration []

(5) Other (specify): [] _____

Please sign and date this form.

Signature Permanent Guest

Print Name

Date _____

Signature Permanent Guest

Print Name

Date _____

SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Receipt of Rules and Regulation

I/We (permanent guest(s)) have received and accepted the Rules and Regulations as stated in the governing documents for the Sabal Springs Homeowners' Association, Inc.

Print Name

Print Name

Signature

Signature

Date

Date