SILVERLAKES-GATEWAY HOMEOWNER'S ASSOCIATION, INC.

Transfer Application

Rev.: 1/3/18, 1/1/2021, 4/1/2021,6/4/2021,9/3/2021, 3/1/2023, 5/23/2024, 8/22/2024

A home purchased on or after January 1, 2018, shall not be leased for a period of twelve (12) consecutive months commencing on the date the deed is recorded in the public records of Lee County, Florida. Homes subject to a fully executed binding purchase contract dated before January 1, 2018 are not subject to this restriction.

Please send all paperwork, payments, etc. to:
Compass Rose Management
1010 NE 9th Street
Cape Coral, FL 33909
239-309-0622 Email: info@crmfl.com

To: The Board of Directors of Silverlakes-Gateway Homeowners Association, I (We) hereby apply for approval to purchase the home located at _____ in Silverlakes-Gateway and, with it, membership into the association. **A copy of the sale contract is enclosed.**

In order to facilitate consideration of this application, I (we) represent the following information is factual and true, and agree that any falsification or misrepresentation of the facts in the application will justify an automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references below, and possibly a background check.

PLEASE TYPE or PRINT LEGIBLY THE FOLLOWING INFORMATION:
Full name of applicant_____
Full name of spouse/significant other: _____
Home Address_____
Phone Number(s) _____
Work Phone_____
E-Mail address_____
Citizen of USA? Self_____Spouse/Sig. Other_____
Business or Profession: _____
_____Position held_____
Business address_____

I wish to opt in to receive email communication from the Association at the email address provided.
Yes:_____No: _____

NOTE: The Declaration of Restrictive Covenants of Silverlakes-Gateway Homeowners Association, Inc. provides that all homes are for **Single Family Residences ONLY.**
Please state the name relationship and age of all persons who will be occupying the residence regularly.

Name	Relationship	Age

Provide three (3) personal references (local if possible).
Name, Address, City/State, address and phone:

_____

_____

_____

Have you ever been convicted of a felony crime involving violence to persons or property? _____

I am aware that the HOA has a web site: **www. silverlakes-gateway-hoa.com** and that I should frequent it_____

Emergency Contact (Who do you want contacted in case of an emergency to self?)
Provide: Name, full address, phone numbers: _____

_____

Provide the Maker of Car(s), Year, Color, Tag number and State that you will have in Silverlakes.

_____

_____

_____

Mailing address for notices connected with this application;
Name_____
Address_____Phone_____

Notice of Homeowners' Intent: I am purchasing this home with the intention to: (Circle One)

a) Reside here on a full time basis; Initial_____
b) Reside here part time; Provide other address_____
c) Lease the home; I will abide by the Association's Lease Policy and provide a Lease Application. Initials_____.

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

Read and Initial the following statements; a, b, c & d:

a) (_____) I have received and read a copy of the Silverlakes documents: Declaration of Restrictive Covenants dated: 2/21/2000 including all exhibits, joiners, & amendments, Association's Rules and Regulations and Community Standards.
b) (_____) I understand and agree that, as a purchaser of this home, should this home be in violation of the governing documents due to a failure of the seller's part to correct the violation, the purchaser will be responsible for correcting the violation within forty five (45) days after the closing date.
c) (_____) I understand and agree that, as purchaser of this home, I am responsible for the payment of all quarterly dues. Dues are to be paid quarterly and are due on January 1st, April 1st, July 1st, and October 1st. Dues not paid on time are subject to late fees and interest. The costs of collection letters are billed to the homeowner.
d) (_____) I understand that all streets within our Silverlakes community are a **Tow Zone**. Vehicles in violation of the HOA's Parking Rules may be towed or booted at the owner's expense. As homeowner, I agree that I am responsible for my guests following the HOA's Parking Policy.

The Property Manager's office will advise the applicant purchaser, within thirty (30) days from the date of receipt of this application, whether this application has been approved.
Applicant Signature and date: _____
Applicant Signature and date: _____

PLEASE PROVIDE THE FOLLOWING FOR PROCESSING:

1. **$150.00 NON-REFUNDABLE PROCESSING FEE PAYABLE TO COMPASS ROSE MANAGEMENT.**
2. **$500.00 NON-REFUNDABLE APPLICATION FEE PAYABLE TO SILVERLAKES-GATEWAY HOA**
3. **$45.00 NON-REFUNDABLE FEE PER PERSON CRIMINAL BACKGROUND CHECK FOR ALL APPLICANTS 18 AND OLDER; PAYABLE TO COMPASS ROSE MANAGEMENT**
4. **COPY OF SIGNED SALES AGREEMENT.**
5. **$50.36 PAYABLE TO SILVERLAKES - GATEWAY FOR TWO VEHICLE GATE ENTRY STICKERS AND TWO CLUBHOUSE ENTRY CARDS.**
6. **COPY OF DRIVERS LICENSE(S) OR PICTURE ID FOR ALL APPLICANTS OVER THE AGE OF 18**

A RUSH/EXPEDITE FEE OF $50.00 TO COMPASS ROSE WILL BE ADDED TO ANY APPLICATION WITH LESS THAN 1 WEEKS' NOTICE TO PROCESS.

DISCLOSURE CONSENT APPLICATION

*Please complete this form for each person 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.

Name _____

Current Address _____

City, State, Zip _____

Email _____ Phone# _____

Driver's License # and state of Issuance: _____

Social Security # _____ Date of Birth: Month _____ Day _____ Year _____

Addresses for the Last 7 Years:

_____

_____

_____

_____

_____

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

_____ _____

Applicant Date