Cape Sable Lakes Association, Inc.
A Covenant Restricted, 55 And Older Community
c/o Guardian Property Management, 6704 Lone Oak Blvd., Naples, FL 34109
Phone: (239) 514-7432 Fax: (239) 514-7759 email: steve@guardianpropertymanagement.net

Resident (Non-Owner) Application

(Separate Form required for each Occupant)

Property Address _____ Expected Occupancy Date_____

Resident Owner(s) _____ Relationship _____

Non Resident Owner(s) _____ Relationship _____

Name(s) of other Occupants _____

Multiple Residents with Non Resident Owner

Without relinquishing responsibility or liability, I hereby appoint _____ as the Resident to be contacted by the Association for mailings or any problems: Signature _____ Date _____

Resident

*The undersigned authorizes the release of relevant background information including a criminal and financial background check and releases CSLA from any liability or damage which may result.
*The undersigned understands that Residency approval is subject to the Association's Governing Documents and certifies that there will always be at least one Resident 55 years of age or older.
*Any future changes in occupancy shall require the fee and application approval prior to occupancy.

Full Name _____ SS# _____ Date of Birth _____

Home Address _____
Street City State Zip

Phone _____ Cell Phone _____ Email Address _____

Previous Address _____

Occupation _____ Employer _____ Phone _____

Emergency contact: Name _____ Relationship _____

Address _____ Phone _____

Vehicle to be parked on property:

Make _____ Color _____ Year _____ License # _____ State _____

Club, Society or Gang Memberships? _____ If yes, list_____

Have you ever filed for bankruptcy? _____ If yes, explain _____

Have you ever been arrested for a criminal violation? ____ If yes, explain _____

I plan to be a (Check One): Full Time Resident ____, Seasonal Resident ____,

Signature _____ Date _____ Drivers License _____

Important Instructions:
Each prospective Resident must submit a complete Application form with the Fee at least 3 days prior to the interview. The Fee is $100 per applicant and is non refundable. To pay by check, make it payable to Cape Sable Lakes.

Approved: Signature _____ Date _____ Signature _____ Date _____

Or referred to the Board of Directors for Action: Initials _____ Date _____ Initials _____ Date _____

F-RNO-11