

APPLICATION FOR MEMBERSHIP
Consent to Transfer

Please check box that applies below:

New Membership

Application fee of \$150 payable to Alliant
 Background Fee of \$66.00/per occupant
 Signed background disclosure
 Copies of occupant's ID's

Previous Renter (has rented in past 2 years)

Application Fee of \$150.00
 Copies of Occupants ID's
 (Background check is N/A)

Lot #	RV Size	Unit #	CB Street Address	Estimated Closing Date
Closing Agent:			Agent's Phone Number:	
Agent's Address:			Email Address:	

NEW OWNER INFORMATION

New Owner's Name(s) _____		Are you over 55? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Are you over 55? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Proof of age & Photo ID must be attached to this Application (i.e., Driver's license, Birth Certificate, etc			
Do you have any ownership in other properties in the park? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, How Many? _____	
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Home Phone: _____		Cell Phone: _____	Email: _____
Planned use of property: _____		Seasonal <input type="checkbox"/>	Full-Time <input type="checkbox"/>
		Rental <input type="checkbox"/>	Other <input type="checkbox"/>
If Other Describe: _____			
Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> (Pets prohibited except on lots A1-A32, C2, G33-G54, J1-J48)			
If YES, pet's name/s, age/description/breed/weight: _____			
Photo: Yes <input type="checkbox"/>		License: Yes <input type="checkbox"/>	Pet Vaccination record: Yes <input type="checkbox"/>
			Include copy of Photo, license, and pet vaccination records
<u>I hereby certify that I have been provided a copy of the Cypress Bend RV Resort Condominium Association, Inc., Condominium governing documents, bylaws, and rules and regulations. I agree to immediately familiarize myself with them and will strictly abide by each of them. I accept responsibility to ensure my visitors/renters will strictly abide by them also. All renters/guests must register at the office upon arrival.</u>			
Signed: New Owners: _____		Date: _____	
_____		Date: _____	

PREVIOUS OWNER INFORMATION

I hereby certify that we plan to transfer the property to the new owners as indicated and certify I/we have given a copy of the Cypress Bend RV Resort Condominium documents, including the Rules & Regulations.

I have also provided the buyers with two (2) keys to the clubhouse facilities and keys to the post office box.

(Previous Owner) Please List your complete forwarding address and phone numbers

Mailing Address: _____

Phone: _____

Email: _____

Signed: Previous Owners _____ Date: _____

_____ Date: _____

Please Complete or answer the following:

1. Return this form to the Cypress Bend office for the required approval, Allow a minimum of 30 days for processing.

2. Should we send an original to the closing agent for recording purposes?	Yes		No
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	Approved By:		Date:	
	Rejected By:	President, Cypress Bend RV Resort Condominium Association, Inc.		
	Approved By:		Date:	
	Rejected By:	Vice President, Cypress Bend RV Resort Condominium Association, Inc		
	Approved By:		Date:	
	Rejected By:	Secretary, Cypress Bend RV Resort Condominium Association, Inc.		

Alliant Property Management
13831 Vector Ave, Fort Myers FL 33907
Email: apmsupport@alliantproperty.com
Phone: (239) 454-1101

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.*

Please Print Your 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

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Signature Date

Witness Date