



**Resort Management**  
9250 Corkscrew Rd. #9  
Estero, FL 33928  
(239) 461-8700 ext.5249  
Email: dreagan@resortgroupinc.com

**Checklist for Glen Eden Home  
Purchases**

The Glen Eden on the Lakes Homeowners Association requires the following documentation be provided to our property management company, Resort Management, prior to any action being taken by the Board of Directors to approve the purchase.

- Glen Eden Application for Approval to Purchase a Home-completed and signed**
- A Legible Copy of the Driver's License (or approved state ID) for all applicants as well as all others over the age of 18 who will be residing at the property**
- A Copy of the Signed Purchase Agreement for This Sale**
- \$150 Administrative Application Fee-Check made out to Glen Eden**
- Completed Residential Screening Authorization Form (background check)**
- \$50 per applicant for Criminal Background and Credit Check Fee to be included for every person over the age of 18 who will be residing at the property. Check to be made out to Resort Management (Call Resort Management for different rates for out of country applicants)**

All materials should be sent to:

**Resort Management**  
**Attn: Dorothy Reagan**  
**9250 Corkscrew Road #9, Naples, FL 33928.**

Please allow 30 days for processing your application.

The application will only be considered if all the required information is provided.



**GLEN EDEN HOMEOWNERS ASSOCIATION, INC.**

c/o Resort Management  
9250 Corkscrew Rd. #9  
Estero, FL 33928

Phone: (239) 461-8700 x5249 ♦ Email: dreagan@resortgroupinc.com

**APPLICATION FOR APPROVAL TO PURCHASE A HOME**

The documents of GEHOA provide that all homes are for single-family residence only.

**An incomplete application including the payment of all necessary fees and receipt of all required documentation will not be processed until deemed complete.**

TO: The Board of Directors of Glen Eden Homeowners Association, Inc.

**Name of Applicant(s):** \_\_\_\_\_

I (We) hereby apply for approval to **PURCHASE** a residence at Glen Eden located at the following address:

\_\_\_\_\_

\_\_\_\_\_ My (Our) intention is to reside here full time. \_\_\_\_\_ My (Our) intention is to reside here part time.

A completed copy of the signed purchase agreement is to be attached with the application fee.

**Name of Current Owner(s):** \_\_\_\_\_

Real estate agent or agency if applicable: \_\_\_\_\_

Date of closing: \_\_\_\_\_, 20\_\_\_\_\_

I (We) declare 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.

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

**Full name of applicant:** \_\_\_\_\_

**Full name of spouse or co-applicant:** \_\_\_\_\_

**Full name(s) of any other persons over the age of 18 residing at the property:**

1. \_\_\_\_\_

2. \_\_\_\_\_

**A legible copy of the driver's license (or approved state ID) for all applicants as well as others over the age of 18 who will be residing at the property must be included.**

In the event that the applicant is more than two natural persons, or is a Trustee, corporation, or other business entity, what is the name of the Primary Occupant?

**Children (Not listed Above):** Names and Ages:

\_\_\_\_\_

**Number of individuals who will be residing in this residence:** \_\_\_\_\_

**Applicant Current Home address:** \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**Business or Profession:** \_\_\_\_\_  
Business phone: ( ) \_\_\_\_\_

**Person to be notified in case of emergency:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**Home watcher to be notified in case of emergency:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_

**THE FOLLOWING QUESTION CONCERN THE APPLICANT OR PROPOSED PRIMARY OCCUPANT:**

**Official Mailing address** for billing and Homeowner associated mailings (only one address can be used):

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

The applicant has read and agrees to abide by the Documents and Rules of GEHOA. The homeowner **MUST** make the applicant aware of the current Documents, Articles of Incorporation, By-Laws, and Rules of the HOA. **The homeowner MUST be current with assessment fees and community obligations such as roof power washing, tree replacement, etc.**

**Applicant's signature:** \_\_\_\_\_

**Co-Applicant's signature:** \_\_\_\_\_

**A non-refundable \$150 application fee payable to Glen Eden must accompany this application to cover administrative expenses related to the approval process. A separate fee of \$50 per person over age 18 payable to Resort Management (call for different rates for out of country) for background checks to be included with application**

Send application & payment to Glen Eden Homeowners' Association  
c/o Resort Management  
9250 Corkscrew Rd. #9, Estero, FL 33928

**Please allow 30 days for processing your application. This application will only be considered if all the required information is provided.**

**\*\*\*Effective January 1, 2024, a Payment for the Capital Contribution Fund of \$3,000.00 is to be paid by the buyer at closing.**

**(Check needs to be made payable to Glen Eden Homeowner's Association, Inc. Check memo to state: Capital Contribution Fee)**

Application approved

Application disapproved

\_\_\_\_\_  
Signature of GEHOA Board Member

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**BACKGROUND/CREDIT CHECK APPLICATION**

PROPERTY INFORMATION				
Address		City	State	Zip Code
Move-In Date	Move-out Date (if applicable)			
PRIMARY APPLICANT				
Full Name		Date of Birth	Social Security Number	
Present Address		Present City	State	Zip Code
Primary Phone Number	Drivers License Number	Primary Email Address		
SECONDARY APPLICANT (IF APPLICABLE)				
Full Name		Date of Birth	Social Security Number	
Present Address		Present City	State	Zip Code
Primary Phone Number	Drivers License Number	Primary Email Address		

I/we authorize Resort Management and Rental History Reports to do a complete investigation of all information provided with my application for residency. I have personally filled in and/or reviewed all information within the application. A complete investigation may include any or all of the following: Credit Report, Criminal Record, Rental History References (including MPHA), Employment Verification, Eviction Records and Personal Interviews with references. This authorization is for this transaction only and continues for (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed (1) year, allowed by law. I acknowledge that Rental History Reports provides reports by written, electronic or verbal instructions to property managers of my choice and does not participate in the approval or denial process, and does not guarantee an approval. My submitting this application below acknowledges and agrees with all terms above and authorizes companies to release rental, eviction, credit and criminal record information. Any controversy or claim arising out of or relating to this agreement, or breach thereof, shall be settled by arbitration administered by the American Arbitration Association in accordance with its Commercial Arbitration Rules, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof.

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Applicant Signature

\_\_\_\_\_  
Date