

**Application for Approval to Lease or Purchase**  
**Tropical Cove HOA**

**Property Owner:** \_\_\_\_\_ Telephone \_\_\_\_\_  
(Print Name)

Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

( ) I hereby apply for approval **to purchase** \_\_\_\_\_ Unit # \_\_\_\_\_  
(Address to be purchased)

**A completed copy of the signed purchase agreement is attached.**

( ) I hereby apply for approval **to Lease** \_\_\_\_\_ Unit # \_\_\_\_\_  
(Address to be leased)

**A completed copy of the signed lease agreement is attached.**

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In order to facilitate consideration of this application, I represent 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, particularly of the references given below.

**Please type or Print information below:**

1. Full name of Applicant \_\_\_\_\_ Email \_\_\_\_\_
2. Full name of Spouse (if any) \_\_\_\_\_ Email \_\_\_\_\_
3. Current home address \_\_\_\_\_
4. Telephone Number \_\_\_\_\_ Cell # \_\_\_\_\_ Work \_\_\_\_\_
5. Place of Employment \_\_\_\_\_
6. Employment Address \_\_\_\_\_

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

7. Person to be notified in case of emergency.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

8. Make of car (s) to be kept at the residence during lease term:  
Make/Model \_\_\_\_\_ Year \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_ Color \_\_\_\_\_

9. Alternate address for notices connected with this application:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

10. If this transaction is a purchase, please check the item that applies:  
I am purchasing the unit with the intention to:  
☐ Reside here on a full-time basis  
☐ Reside here on a part-time basis  
☐ Lease the unit

11. I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

12. I understand that, as a tenant, no pets are allowed

I am aware of, have received a copy of, and agree to abide by the Declaration of Covenants, By-laws and Rules and Regulations for Tropical Cove Homeowners Association.

**Provide email address for electronic copy.**

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\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Applicant Signature)

There is a \$50.00 application fee – make check payable to Vision Association Management and mail this completed application, lease or purchase agreement and the check to:

**Vision Association Management  
11691 Gateway Blvd., Ste. # 203  
Fort Myers, FL 33913**

○ Application Approved

○ Application Denied

\_\_\_\_\_  
Authorized Vision Management Personnel

Date: \_\_\_\_\_

A copy of the approved application will be mailed or emailed to owner and/or applicant.