



c/o Hayden & Associates  
12650 Whitehall Drive  
Fort Myers, Florida 33907  
Ph: 239-489-4890 Fax: 239-489-4980

**\*\*\*Lease/Sale Application\*\*\***

**This application must be submitted along with a non-refundable processing fee of \$150.00 to the Board of Directors via Hayden & Associates. A minimum of 20 days processing time is required prior to the start of any lease or sale closing. A copy of the lease/sales contract must be included with the application and a copy of each applicant's driver's license. Make checks payable to Hayden & Associates.**

Address \_\_\_\_\_

Present Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Address \_\_\_\_\_

**Personal Information:**                      Applicant                      Spouse/Co-Applicant

Tenant/Buyer(s) Names: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Vehicle (s): \_\_\_\_\_

Year/Make/Model \_\_\_\_\_

Will anyone other than those listed above occupy this unit? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, whom? \_\_\_\_\_

Pets? If yes, Breed & Weight? \_\_\_\_\_

If you are purchasing this property, will this property become your permanent residence immediately following purchase? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what are your plans for the property?

\_\_\_\_\_

**Residential History:**

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

How long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency contact:**

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

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please read the following and sign this application:**

I have received and read a copy of the Riverwind Cove Association's Covenants, Conditions & Restrictions, along with this application. I understand these Covenants, Conditions & Restrictions and agree to abide by them as long as I reside at Riverwind Cove. The full version of the CCR may be downloaded from our website at: [www.riverwindcovehoa.com](http://www.riverwindcovehoa.com)

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval:

Board Member/Agent: \_\_\_\_\_ Date \_\_\_\_\_

If application is denied, give reason: \_\_\_\_\_

\_\_\_\_\_