ABACO POINTE HOMEOWNERS ASSOCIATION INC.
Application for Approval

Application Check List

Check the box that pertains to your Application

☐ **Application to Purchase** ☐ **Application to Lease**

Please submit the following for approval to Purchase/Lease in Abaco Pointe HOA:

❒ Completed Application

❒ $150.00 Non-Refundable Application Fee – Made payable to **Abaco Pointe HOA**

❒ $50.00 Non-Refundable Background check fee **per occupant** over the age of 18 years – Made payable to **Cambridge Management**

❒ Clear and legible copy of driver's license for each person over age 18

❒ Signed Pet Registration Form (if applicable) **Please include** Photos and vet records of ea. pet

❒ Copy executed Lease Agreement / Sales Contract

❒ Vehicle Registration Form

Application / Background Check Fees
$150.00 Application Fee – This non-refundable fee should be made payable to **Abaco Pointe HOA** for the processing of the application.

$50.00 Background Check Fee (per Applicant over the age of 18) – This non-refundable fee should be made payable to **Cambridge Management** for the required background check that is conducted on all occupants over the age of eighteen (18) years.

Application Submission
The application is not processed until all required documents and fees are submitted. The approval process requires twenty (20) days for completion from the date of complete submission of the application.

Mail Completed Application to: Cambridge Management
2335 Tamiami Trail N. Ste. 402
Naples, Florida 34103

NOTE: Lease term minimum of ninety (90) days, maximum of three (3) times in a calendar year.
In accordance with Section 12 of the governing documents of the Association this application must be submitted along with the required enclosures and $150.00 application fee and $50.00 background check fee for every occupant over the age of 18 twenty (20) days prior to occupancy to allow for processing time.

APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY

ABACO POINTE HOMEOWNERS ASSOCIATION INC.

Phone 239-249-7000
2335 Tamiami Trail N. Ste. 402, Naples, FL 34103

Closing Date: _____

Current Owner _____ Address _____

Term of Lease (if applicable) From _____ To _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN ABACO POINTE HOA, IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS. THE APPLICANT(S) represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

Persons who will occupy the above Residence (living unit) are as follows:

Name _____Relationship _____

Date of Birth:_____Phone#_____ Email_____

Social Security Number _____-_____-_____ DL#_____

Applicants Present Address_____

City _____ STATE_____ ZIP CODE_____

Name _____Relationship _____

Date of Birth:_____Phone#_____ Email_____

Social Security Number _____-_____-_____ DL#_____

Applicants Present Address_____

City _____ STATE_____ ZIP CODE_____

Name _____Relationship _____

Date of Birth:_____Phone#_____ Email_____

Social Security Number _____-_____-_____ DL#_____

Applicants Present Address_____

City _____ STATE_____ ZIP CODE_____

Abaco Pointe Homeowners Association has the right to perform background and credit checks on all applicants. By completing this authorization form, I give Abaco Pointe Homeowners Association the right to administer a background and credit check as a part of the application approval process. Include with this form a non-refundable check made out to Cambridge Management. Each background check is a non-refundable fee of $50.00. Include copy of photo ID.

Current Place of Employment

Name _____ Address _____

City/State _____ Telephone_____

Length of Employment _____ Supervisor _____

Monthly Income $_____ if asked can you provide proof of Income Yes____ No ____

Applicant has received and reviewed the rules and regulations prior to their Pending Lease or Purchase within Abaco Pointe Homeowners Association

It is the desire of the present owners of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure a private and ideal community life.

Signature _____ Date: _____

Signature _____ Date: _____

The Following items must be read and signed by applicant for lease

I (We) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessees and their guests. Prospective Tenants understand that the Association or Management Office may use the application to perform a background, prior landlord, credit, and police records review prior to approval.

Signature _____ Date: _____

Signature _____ Date: _____

Signature _____ Date: _____

Return ALL completed items above items to:

Cambridge Management
2335 Tamiami Trail N. Ste. 402
Naples, FL 34103

Submit inquiries to: salesandrentals@cambridgeswfl.com

For Association/Management Members ONLY:

❒ ASSOCIATION APPROVAL ❒ MANAGEMENT APPROVAL ❒ DENIAL

SIGNED BY: _____DATE: _____

cambridge
Property Management of Southwest Florida

BACKGROUND CHECK AUTHORIZATION FORM
(Individual forms required for each applicant)

I understand that an investigative background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal, driving, and credit histories, verifying education, licensing, and prior employment, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

Please Print Clearly

ASSOCIATION NAME: _____

PROPERTY ADDRESS: _____

FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____

APPLICANT SIGNATURE: _____ DATE: _____

2335 Tamiami Trail N, Suite 402
Naples, FL 34103
Telephone (239) 249-7000
Fax (239) 262-5732

www.cambridgeswfl.com

252 W. Marion Ave, Suite 123
Punta Gorda, FL 33950
Telephone (941) 505-7500
Fax (941) 505-7501

Abaco Pointe Gate Access & Call Box Info

MARCH 21, 2025

No More than 2 email addresses or phone numbers for the MyQ Application. You can have up to four names in the directory with telephone numbers. Email forms to salvatorev@cambridgeswfl.com

Property Address: _____

For the MYQ APP and Directory

Resident Name:_____

Cell Phone: _____

Email: _____

Resident Name:_____

Cell Phone: _____

Email: _____

For Directory Only **You can have up to Four in the Directory including the above**

Resident Name: _____

Phone: _____

Resident Name:_____

Phone: _____

FOB#'s and Gate Sticker #'s

FOB#_____--

FOB#_____

$30 per Sticker for New Stickers

Sticker #_____

Sticker #_____

Sticker #_____

Sticker #_____

If renter Expires on: _____ ☐ Owner ☐ Renter

ABACO POINTE HOMEOWNERS ASSOCIATION INC
VEHICLE REGISTRATION

VEHICLE #1

YEAR: _____LICENSE PLATE #:_____

MAKE: _____MODEL:_____

STATE: _____COLOR:_____

VEHICLE #2

YEAR: _____LICENSE PLATE #:_____

MAKE: _____MODEL:_____

STATE: _____COLOR:_____

VEHICLE #3

YEAR: _____LICENSE PLATE #:_____

MAKE: _____MODEL:_____

STATE: _____COLOR:_____

VEHICLE #4

YEAR: _____LICENSE PLATE #:_____

MAKE: _____MODEL:_____

STATE: _____COLOR:_____

ABACO POINTE HOMEOWNERS ASSOCIATION INC

PET REGISTRATION FORM

WILL THERE BE A PET IN THE HOME? ❒ YES ❒ NO

IF YES, HOW MANY? _____

PET OWNER(S) NAME: _____

PHONE #: _____ EMAIL:_____

PET #1:

PET NAME: _____BREED:_____

COLOR/WEIGHT/AGE:_____/_____/_____ LIC.#:_____

PET #2:

PET NAME: _____BREED:_____

COLOR/WEIGHT/AGE:_____/_____/_____ LIC.#:_____

PET #3:

PET NAME: _____BREED:_____

COLOR/WEIGHT/AGE:_____/_____/_____ LIC.#:_____

(PLEASE INCLUDE CURRENT PICTURES AND VET RECORDS FOR EACH PET)

ALL PETS MUST BE LEASHED AT ALL TIMES AND MAY NOT ROAM FREE.

SIGNATURE:_____ DATE:_____

PRINT NAME: _____