

**Lakes of Estero Homeowner's Association**

**C/O Realty Services Property Management**

**2525 Parkway Street – Ft. Myers, FL 33901**

**Office: (239) 939-1233 Fax: (239) 275-8325**

**Association Property Manager: Craig Valentine**

**www.lakesofestero.com**

**Character Reference Form**

Date \_\_\_\_\_

Applicant's Reference's Name (Please print): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

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

To Whom It May Concern:

The applicant(s) named above is/are applying for membership for residence in the Lakes of Estero Community in Estero, Florida. The Board of Directors appreciates it if you provide us with pertinent information regarding the stability and character of the applicant(s).

**Upon Completion of this form, please return it to the Applicant(s). This completed Character Reference Form MUST be sent with the application in order for the Board to approve the Applicant(s) purchase or lease in the community. Thank you for your assistance in this matter.**

How Long Have You Know The Applicant(s)? \_\_\_\_\_ Years

Would the applicant(s) make a good neighbor? \_\_\_\_\_ Yes \_\_\_\_\_ No (circle one)

Please describe the Applicant(s) character and stability, as you know them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reference's Signature