

BONITA BEACHWALK CONDOMINIUM ASSOCIATION INC

Suitor, Middleton, Cox & Associates

15751 San Carlos Blvd, #8

Ft Myers, FL 33908

PH: (239) 437-0340 FAX: (239) 437-9378

APPLICATION FOR APPROVAL OF LEASE OR SALE (Page 1)

NOTE: ** LEASE TERM MAY NOT EXCEED ONE (1) YEAR. APPROVAL MUST BE RECEIVED PRIOR TO COMMENCEMENT.

In accordance with the governing documents of the Association, please submit this form TWENTY (20) DAYS prior to closing to allow for processing time.

Current Owner of Record

Mailing Address

City State Zip

Phone or Contact Number

Property Address	
Term of Lease 1mo 1yr other:	From ____/____/____ to ____/____/____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR LEASE IN THE COMMUNITY, IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS, The APPLICANTS(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.

Person(s) who will occupy the above unit are as follows:

Primary Occupant
Name (First, Middle, & Last
Name)
Occupant #2
Name (First, Middle, & Last
Name)
Occupant #3
Name (First, Middle, & Last
Name)
Occupant #4
Name (First, Middle, & Last
Name)

Relationship/ Age:

Relationship / Age:

Relationship / Age:

Relationship / Age:

Each ADULT (over the age of 18) must complete this portion of Page ONE of the application for the screening process:
(additional page attached)

Applicant's Present Address

Applicant's City State Zip

Applicant's Date of Birth

Applicant's Driver's License

Applicant's Social Security No.

Company Name
(or Employer Name)

Company Address
(or Employer Address)

Company City State Zip
(or Employer City State Zip)

Company Phone Number
(or Employer Phone Number)

State: ____ #: ____

Vehicle #1

COLOR: YEAR: MODEL: LICENSE #

Vehicle #2

COLOR: YEAR: MODEL: LICENSE #

(If rental vehicle or unknown, please indicate above) Please note that Commercial Vehicles are NOT permitted

Mark

gardens

revised July 2012

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APPLICATION FOR APPROVAL OF LEASE OR SALE (Page 2)

Potential Renter Contact Number: _____

I/We request approval to lease the above described unit. I/We hereby state that the Current Owner has made available to me/us all Association documents, including all Rules and Regulations as they pertain to the above unit and the Community, and I/we have read them and agree to be bound and abide by them. As provided for in the documents, I/we understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time. I/We agree to pay rent fees to the Association in the event that the owner fails to make the monthly assessments for 60 days or more.

► APPLICANT'S SIGNATURE _____ DATE ____/____/____

► REAL ESTATE/Rental AGENT'S SIGNATURE _____ DATE ____/____/____

Name of Real Estate or Rental Company

Address, City State Zip

Contact Numbers (Phone/Cell/Fax)

The following items MUST be included at the time the application. Payment must be received with application. (Faxed Applications without funds may delay your approval and your tenant from occupying the unit.) Please use this list as a check list for submission of Application:

_____ **FULLY COMPLETED APPLICATION**

An incomplete Application will cause delays in processing.

_____ COPY OF LEASE AGREEMENT

_____ COPY OF CURRENT DRIVERS LICENSE

_____ **\$50.00 NON-REFUNDABLE APPLICATION FEE**

Please make your check payable to Suitor, Middleton, Cox & Associates

_____ **MANDATORY INTERVIEW WITH THE BOARD OF DIRECTORS. THIS MUST BE COMPLETED PRIOR TO OCCUPANCY.**

_____ **ALL APPLICANTS MUST HAVE VALID SOCIAL SECURITY NUMBER**

Processing will not begin until funds are received

An additional fee of

_____ **\$50.00 APPLICATION FEE PER ADULT**

(Please complete a separate application, if non related to primary applicant – Non-Refundable Application Fee, Screening Fee, Admin Fee)

_____ **\$50.00 APPLICATION FOR CHILDREN OVER 18 YEARS OCCUPYING UNIT**

(Please complete additional person information page – Non-Refundable Application Fee, Screening Fee, Admin Fee)

Submit APPLICATION(s), PAYMENT, COPY OF LEASE AGREEMENT to:

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APPLICATION FOR APPROVAL OF LEASE OR SALE (Page 3)

NOTE: ** LEASE TERM MAY NOT EXCEED ONE (1) YEAR . APPROVAL MUST BE RECEIVED PRIOR TO COMMENCEMENT.

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Property Address	
Term of Lease 1 mo 7mo 1yr other:	From ____/____/____ to ____/____/____

Primary Occupant: Approved Denied	Name:
Occupant #2 Approved Denied	Name:
Occupant #3 Approved Denied	Name:
Occupant #4 Approved Denied	Name:

ACTION OF BOARD OF DIRECTORS

APPROVED _____ DISAPPROVED _____

BY: _____ DATE OF DECISION _____
President of the Association

APPROVED _____ DISAPPROVED _____

BY: _____ DATE OF DECISION _____
Secretary of the Association

APPROVED _____ DISAPPROVED _____

BY: _____ DATE OF DECISION _____
Property Manager

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APPLICATION FOR APPROVAL OF LEASE OR SALE (Page 1A)

ADDITIONAL PERSON FORM

OCCUPANT # _____ NAME: _____

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Each ADULT (over the age of 18) must complete this portion of Page ONE of the application for the screening process:

Applicant's Present Address

Applicant's City State Zip

Applicant's Date of Birth

Applicant's Driver's License

State: _____ #:

Applicant's Social Security No.

Company Name

(or Employer Name)

Company Address

(or Employer Address)

Company City State Zip

(or Employer City State Zip)

Company Phone Number

(or Employer Phone Number)

Vehicle #1

COLOR:

YEAR:

MODEL:

LICENSE #

Vehicle #2

COLOR:

YEAR:

MODEL:

LICENSE #

(If rental vehicle or unknown, please indicate above) Please note that Commercial Vehicles are NOT permitted

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► APPLICANT'S SIGNATURE _____ DATE ____/____/____