HOMEOWNER LEASE APPLICATION

DATE		GOLF & COUNTRY CLUB
ALL NAMES ON LEA	SE	
PHONE NUMBER	E-MAIL ADI	DRESS
HOMEOWNER'S NAM	ИЕ	
LEASE ADDRESS		
	JS	
Please note: Annual re	ntals require a tenant interview b	efore being approved.
If this is an annual leas	se, who is responsible for the Hun	ters Ridge Utility (wastewater) bill?
HOMEOWNER	TENNANT	

Tennant's signature: _____

Please Note: <u>Members are responsible for the conduct of their renters at all times</u> and should make available to them a copy of the Hunters Ridge Rules and Regulations (available on line at Huntersridge-ca.com). Please return this fully completed application to the Hunters Ridge Administration Office along with your application fee of \$50.00 (fifty dollars), and *copies of drivers' licenses for all occupants*.

The following rules are strictly enforced:

- 1. Please pick up after your pets, and do not allow them to run unleashed at any time.
- 2. Please keep your garage door shut at all times.
- 3. Parking on the street in strictly prohibited.
- 4. Please do not walk, ride your bike, or allow children to play on the golf course or the cart paths.
- 5. Garbage pick up is on Monday, vegetation and recycling is on Tuesday. Please do not put your trash out earlier than the night before pick up.
- 6. Commercial vehicles are strictly prohibited and are only allowed if they are parked in your closed garage.

Important Phone Numbers:

Administration Office - 239-992-4900

Security Gate – 239-992-7691 – Please call Security to announce all guests.

Food and Beverage – 239-992-1073 Reservations and proper attire required for dining. **Information** – Comcast Channel 96/196 or huntersridge-ca.com for events and activities.

APPLICATION APPROVED: _____ DISAPPROVED: _____

DATE:______BY:_____

Received application fee/billed application fee ______ Tennant received copy of rules and regulations ______

APPLICATION FOR APPROVAL TO LEASE UNIT

TO: The Board of Directors of Hunters Ridge Community Association, Inc.

Name of Hunters Ridge Homeowner:				
I hereby apply for approval to lease unit	located at:			
for the period beginning		, and ending	, 2	0 A complete
copy of the signed lease is attached.				

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 LEGIBLY THE FOLLOWING INFORMATION:

DOB	licant (Lessee):DL#			
Home Address:				
Telephone Home	Business	Cell		
Nature of Business or I If retired, former Busi	Profession: ness or profession:			
Company or Firm Nan	ie:			
Business Address:				
City/State	Zip	Phone		
Name of current or mo	st recent landlord:			
City/State	Zip	Phone		
Two Personal Reference Name:	ces (local if possible):			
Address:				
City/State	Zip	Phone		
Name:				
Address:				
City/State	Zip	Phone		
Credit references (local if possible) Name:				
Address:				
City/State	Zip	Phone		
Person to be notified in case of emergency: Name:				
Address:				
City/State	Zip	Phone		
Make of vehicles owned by applicant to be kept at the unit during lease term:				
		Year		
License No.		State		

11.	Full name of Spouse or Co-occupant (if any):					
	DOB	DL#				
12.	Home Address:		~ "			
	Telephone Home	Business	Cell			
13.	Natura of Pusinass or Profession					
15.	If retired former business or pro-	1 fession:				
	in retired, former business of pre-	<u> </u>				
14.	Company or Firm Name:					
15.	Business Address:					
	City/State	Zıp	Phone			
16.	Name of current or most recent landlord:					
10.	Address:	Name of current or most recent landlord: Address:				
	City/State	Zip	Phone			
	<u> </u>	1				
17.		Two Personal References (local if possible):				
	Name:					
	Address:					
	City/State	Zīp	Phone			
	Name					
	Address:					
	City/State	Zip	Phone			
	010 <i>j</i> / 2 late	P				
18.	Credit references (local if possib	ole)				
	Name:					
	Address:					
	City/State	Zip	Phone			
19.	Person to be notified in case of a	marganey				
19.	Person to be notified in case of emergency: Name:					
	Address:					
	City/State	Zip	Phone			
20.	Make of vehicles to be kept at the unit during lease term:					
			Year			
	License No		State			
21.	HRCA Master Declaration of Covenants provides that all units are to be used as single-family residences					
21.	only. <i>Please state the name and relationship of <u>all</u> other persons who will be occupying the unit on a</i>					
	regular basis.					
	regular busis.					
22.	Please list all pets that will be o	ccupying this unit. Please state	breed and weight of each pet:			
23.	Mailing address for notices corr	acted with this application (if	different from home address).			
23.	Mailing address for notices connected with this application (if different from home address): Name:					
	Address:					
	City/State	Zip	Phone()			

I am aware of, and agree to abide by the Master Declaration of Covenants and Restrictions, By-Laws and all Rules and Regulations of <u>Hunters Ridge Community Association</u>.

I understand and agree that the Board of Directors for the Hunters Ridge Community Association, in the event it approves this lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of the Hunters Ridge Community Association's Restrictions, By-Laws, Rules and Regulations.

The prospective lessee must submit this application to the Hunters Ridge Community Association not less than <u>30 days</u> prior to the start of the rental period. Hunters Ridge Community Association representatives will notify the prospective tenant or purchaser within 14 days of receipt of application whether it is approved or disapproved.

DATED:_____

Applicant

Applicant

A <u>\$50.00 non-refundable processing fee</u>, payable to Hunters Ridge Community Association, must accompany this application, for the purpose of defraying costs of administrative account updating, and other expenses related to the processing of this application.

<u>A copy of the driver's license or identification card for each occupant</u> <u>must accompany this application.</u>

Send to: Hunters Ridge Community Association Attention: Chris Durfey 12500 Hunters Ridge Drive, Bonita Springs, FL 34135 Phone: 239-992-4900 / Fax: 239-992-6279 E-Mail Address: chrisdurfey@comcast.net