

# MEADOWBROOK OF BONITA SPRINGS HOA INC.

Pegasus Property Management  
3409 Pelican Landing Parkway, Suite 3  
Bonita Springs, FL 34134  
PH: (239) 454-8568 FAX: (239) 454-5191

## APPLICATION FOR APPROVAL OF LEASE (Page 1)

**NOTE: \*\* LEASE TERM MINIMUM OF NINETY (90) DAYS AND MAY NOT EXCEED ONE (1) YEAR. APPROVAL MUST BE RECEIVED PRIOR TO COMMENCEMENT.**

Current Owner of Record \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone or Contact Number \_\_\_\_\_

Property Address	
Term of Lease	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		Relationship/ Age:	
Name (First, Middle, & Last Name)			
Occupant #2		Relationship / Age:	
Name (First, Middle, & Last Name)			
Occupant #3		Relationship / Age:	
Name (First, Middle, & Last Name)			
Occupant #4		Relationship / Age:	
Name (First, Middle, & Last Name)			

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 #
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Vehicle #2

COLOR:	YEAR:	MODEL:	LICENSE #
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*(If rental vehicle or unknown, please indicate above) Please note that Commercial Vehicles and trucks are NOT permitted.*

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**APPLICATION FOR APPROVAL OF LEASE (Page 2)**

Unit or Local Telephone 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.

► 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

\_\_\_\_\_ ONE (1) REFERENCE LETTER

\_\_\_\_\_ \$100.00 NON-REFUNDABLE APPLICATION FEE

Please make your check payable to Pegasus Property Management

\_\_\_\_\_ \$100.00 NON REFUNDABLE BACKGROUND/SCREENING FEE

Please make your check payable to Pegasus Property Management

\_\_\_\_\_ \$25.00 NON REFUNDABLE ADMIN FEE

Please make your check payable to Pegasus Property Management

= \$225.00 Total per 1 adult person or 1 married couple

**Processing will not begin until funds are received**

(Nonrefundable Application Fee, Screening Fee, Admin Fee)

An additional fee of

\_\_\_\_\_ \$100.00 APPLICATION FEE PER ADULT

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

\_\_\_\_\_ \$100.00 APPLICATION FOR CHILDREN OVER 18 YEARS OCCUPYING UNIT

(Please complete additional person information page - NonRefundable Application Fee, Screening Fee, Admin Fee)

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

**Pegasus Property Management**

**3409 Pelican Landing Parkway, Suite 3**

**Bonita Springs, FL 34134**

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**APPLICATION FOR APPROVAL OF LEASE OR SALE (Page 3)**

NOTE: \*\* LEASE TERM MINIMUM OF NINETY (90) DAYS AND MAY NOT EXCEED ONE (1) YEAR. APPROVAL MUST BE RECEIVED PRIOR TO COMMENCEMENT.

Property Address	
Term of Lease	From ____/____/____ to ____/____/____

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

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ACTION OF BOARD OF DIRECTORS

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

BY: \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_  
President of the Association

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APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

BY: \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_  
Secretary of the Association

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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: \_\_\_\_\_

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.

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 and Trucks are NOT permitted.)*

Are you an active Service Member of one for the following: 1) United States Armed Forces 2) State active duty 3) A member of the Florida National Guard or United States Reserve Forces?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If you are an active Service Member, you will be notified within seven (7) days after submission of the rental application if it has been approved or denied (if denied, the reason will be provided).*

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.

► APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_