

THE ESTATES AT ESTERO RIVER COMMUNITY ASSOCIATION, INC.

C/O - ASSOCIA GULF COAST, AAMC • 13461 PARKER COMMONS BLVD., SUITE #101

FORT MYERS, FL 33912

(239) 277-0718 OFFICE • (239) 936-8310 FAX

APPLICATION FOR LEASE/PURCHASE

(Circle One)

COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS.

INCOMPLETE APPLICATIONS WILL RESULT IN DELAYS.

RETURN WITH A COPY OF THE LEASE OR PURCHASE CONTRACT AND A \$100.00 NON-REFUNDABLE APPLICATION FEE.

Occupancy shall NOT take place without the proper approvals of the Directors. Please allow sufficient time for approval to be acknowledged.

Please ensure your application includes the following to avoid delays.

- ☐ ***Application Fee of \$100.00 – Note: Nonrefundable***
- ☐ ***Completed Lease or Purchase Application***
- ☐ ***If non-US Citizen, copy of Passport(s)***

This application may be subject to a fee pursuant to Florida Statute 720.303(5)(d) for preparation of documents other than that required by law, provided that such fee shall not exceed \$100.00 plus the reasonable cost of photocopying and any attorney's fees incurred by the association in connection with the association's response.

IMPORTANT

Note: This form must be submitted to Associa Gulf Coast at least 15 days prior to Occupancy to allow for processing time. Approval must be received prior to Occupancy.

The Estates at Estero River Community Association, Inc.

ASSOCIA GULF COAST

13461 Parker Commons Blvd Suite 101, FORT MYERS, FL 33912

(239) 277-0718 FAX (239) 936-8310

APPLICATION FOR APPROVAL TO LEASE / PURCHASE

(Circle One)

***Is Lease Applicant A Current Active Duty Service Member, United States Reserves or Florida National Guard __Yes __No**

Term of Lease (if applicable) From:_____ To:_____

NOTE: In accordance with the governing documents for the Association. This form must be submitted at least fifteen [15] days prior to occupancy to allow for processing time. If Application and/or any documentation required to be submitted with Application is incomplete, not received and/or not legible, Lease will be automatically denied and Owner(s)/ Applicant(s) will be required to re-submit all documentation for consideration. APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY.

CURRENT OWNER(S) INFORMATION

Name(s) of Owner(s) of Record_____

Home Phone (____)_____ Cell Phone(____)_____

Email Address_____@_____.com

Property Street Address_____

Property Phone # (____)_____

As Owner of the property to be leased, your signature will acknowledge full understanding and agreement to this Application, that said Application must be approved by the Estates at Estero River Community Association, Inc. Board of Directors and said Applicant(s) and person(s) occupying said residence for the stated term of lease must comply with the Rules and Regulations as stated in the Declaration of Covenants, Conditions, and Use Restrictions of The Estates at Estero River Community Association, Inc.

Signature of Owner of Record

Date_____

Signature of Owner of Record

Date_____

Signature of Owner of Record

Date_____

APPLICANT(S) INFORMATION

Note: Applicant(s) MUST be Individuals

Name of Applicant #1 _____

Present Address _____

City, State, Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Currently Employed: YES _____ No _____ Retired: YES _____ NO _____

Employer's Name _____

Employer's Address _____

Bank Name _____ Phone(____) _____

Address _____

Banking Relation Established for _____ (months) _____ (years)

Name of Applicant #2 _____

Present Address _____

City, State, Zip _____

Home Phone(____) _____ Cell Phone (____) _____

Email Address: _____

Currently Employed: YES _____ NO _____ Retired: YES _____ NO _____

Employer's Name _____

Employer's Address _____

Bank Name _____ Phone (____) _____

Address _____

Banking Relation Established for _____ (months) _____ (years)

In case of emergency please notify the following:

Name _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

PERSONS WHO WILL OCCUPY THE RESIDENCE

NAME _____ DOB _____ SSN* _____

NAME _____ DOB _____ SSN* _____

NAME _____ DOB _____ SSN* _____

NAME _____ DOB _____ SSN* _____

NAME _____ DOB _____ SSN* _____

NAME _____ DOB _____ SSN* _____

***US Residents must provide SSN- Canadian Residents must provide SIN- Federal Tax ID Numbers are not acceptable as all Applicants must be individuals.**

NOTE: Occupancy is restricted to no more than two (2) persons per bedroom plus an additional (2) people.

Special Notes, if applicable, regarding any person(s) who will occupy the residence:

Two (2) Pet Maximum

Pet: ___ Dog ___ Cat

Pet Name _____

Breed _____

Weight _____ **Color** _____

Pet Licensed in State of _____

Pet License # _____

Pet License valid to (date) _____

Rabies Vaccination Date _____

Rabies Vaccination Valid to (date) _____

Rabies Vaccination # _____

Pet: ___ Dog ___ Cat

Pet Name _____

Breed _____

Weight _____ **Color** _____

Pet Licensed in State of _____

Pet Licensed # _____

Pet License Valid to (date) _____

Rabies Vaccination Date _____

Rabies Vaccination Valid to (date) _____

Rabies Vaccination # _____

Auto #1: Make _____ Color _____ Yr _____

Leased _____ Owned _____ Rental _____

License # _____ License in State of _____

Auto #2: Make _____ Color _____ Yr _____

Leased _____ Owned _____ Rental _____

License # _____ License in State of _____

If Applicant(s) are using rental vehicle, applicable information must be provided to Associa Gulf Coast upon arrival by calling (239)277-0718. Applicant(s) is responsible for having knowledge of Section 9.7 of the governing homeowner documents for vehicle and parking restrictions, which are attached and made a part of this Application for Lease. Commercial Vehicle(s) are NOT allowed.

Please note: an incomplete Application and/or package will cause delays in processing. All applicable documentation must be submitted at least fifteen (15) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy.

Applicant(s) must include the following:

_____ Fully completed Application

_____ Copy of Lease executed by Owner(s) of Record and Applicant(s)

_____ \$100 NON-REFUNDABLE Application Fee made payable to The Estates at Estero River Community Association, Inc.

_____ All Adult person(s) who will occupy residence must submit a legible copy of the following:

*Residents of the United States must submit a legible copy of Driver's License and/ or State/Federal photo ID.

* Residents of a foreign country must submit a legible copy of Driver's License and/or State/Federal photo ID and a valid Passport.

THE MANAGER AND MEMBERS OF THE BOARD OF DIRECTORS ARE AVAILABLE TO ANSWER ANY QUESTION REGARDING THE RULES AND REGULATIONS THAT GOVERN THE ASSOCIATION. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ASSOCIA GULF COAST (239)277-0718 PRIOR TO SIGNING THIS APPLICATION FOR OCCUPANCY.

BY SIGNING THIS APPLICATION, THE APPLICANT(S) RECOGNIZES THAT THE ESTATES AT ESTERO RIVER COMMUNITY ASSOCIATION, INC. OR ITS AGENT ASSOCIA GULF COAST MAY OBTAIN AND VERIFY A CONSUMER CREDIT REPORT ALONG WITH AN INVESTIGATION OF THE BACKGROUND OF THE APPLICANT(S), WHICH MAY INCLUDE INFORMATION REGARDING CHARACTER, BANKING HISTORY, PRESENT AND PRIOR RESIDENTIAL HISTORY AND PAST AND PRESENT EMPLOYMENT HISTORY. I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE ABOVE MANAGEMENT AND HOMEOWNER ASSOCIATIONS, THE BOARD OF DIRECTORS FOR THE ESTATES AT ESTERO RIVER COMMUNITY ASSOCIATION, INC, ITS EMPLOYEES, OFFICERS AND DIRECTORS, AFFILIATES, SUB CONTRACTORS AND AGENTS FROM ANY LOSS, EXPENSE OR DAMAGE WHICH MAY RESULT DIRECTLY OR INDIRECTLY FROM INFORMATION OR REPORTS FURNISHED BY ATLANTIC REAL ESTATE CREDIT CORPORATION. AS REQUIRED BY LAW, THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

YOUR SIGNATURE(S) WILL ACKNOWLEDGE YOUR AGREEMENT TO COMPLY with the Rules and Regulations as stated in the Declaration of Covenants.

Signature of Applicant #1 DATE _____

Signature of Applicant #2 DATE _____

NAME OF REAL ESTATE AGENT (if applicable) _____

Name of Company Agent is associated with _____

Company Address _____

Phone # (239) _____

Email Address _____@_____.com

THIS APPLICATION HAS BEEN DESIGNED FOR THE PURPOSE OF PROTECTING YOU AND ALL CURRENT PROPERTY OWNERS. IT IS THE DESIRE OF THE PRESENT OWNERS OF THE ASSOCIATION TO WELCOME YOU TO AN ENVIROMENT IN WHICH PRIDE IN OWNERSHIP AND ADHERENCE TO ALL RULES AND REGULATIONS WILL ENSURE IN IDEAL PRIVATE AND COMMUNITY LIFE.

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ACTION OF BOARD OF DIRECTORS

APPROVED _____ NOT APPROVED _____ DATE OF DECISION _____

BY: _____ AND _____
ASSOCIATION DIRECTOR MANAGER FOR ASSOCIATION