



HAWTHORNE COMMUNITY ASSOCIATION, INC.

Before submitting your lease for processing you **MUST** have the following attached:

- Completed application. **EVERYTHING** must be filled out in order to process.
- Application fee. Check made payable to **HAWTHORNE COMMUNITY ASSOCIATION.** (Applications will not be processed without the fee.)
- Lease contract (signed copy).
- Other (all required documents are listed on page one of lease application).

Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be returned. Applications **must be submitted 20 days prior to lease occupancy.** Any applications submitted less than 20 days prior to the lease start date may have their start dates delayed.

Please submit the complete application to: Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.

Owners understand and agree that in the event the home is leased/rented, they will be required to submit a fully completed lease application and fee for each and every rental. Rental renewals do not require a fee. Renewals are considered to be only year-to-year leases, not seasonal leases.

If you have any questions, please feel free to contact us at 239-947-4552. You may drop off your application at the Vesta office Monday –Friday 8:30 am to 5:00 pm.

We cannot accept faxed or emailed applications. Incomplete applications will not be processed.



HAWTHORNE COMMUNITY ASSOCIATION, INC.
LEASE APPLICATION
Must be submitted 20 days prior to lease occupancy

Name of current owner: _____

I (we) hereby apply for approval to lease (address): _____

Starting _____ Ending _____

Rental Agent or Owner Name: _____

Address: _____

Phone: _____ Email: _____

NOTE: Lease term minimum of thirty (30) days, maximum of three (3) times per calendar year. In accordance with the governing documents of the association, this application must be submitted along with the required enclosures and \$100.00 application fee, plus \$30.00 PER applicant 18 years of age or older, twenty (20) days prior to occupancy to allow for processing time. Tenants may not move in until the association has tendered official approval of their lease and, further, that moving in prematurely constitutes grounds for disapproval.

Please submit the following (incomplete applications will be returned):

- a. A signed copy of the lease contract
- b. A nonrefundable check for \$100.00 plus \$30.00 per applicant 18 years of age and older payable to Hawthorne Community Association
- c. Number of applicants must match lease contract
- d. Copies of drivers' licenses for all applicants 18 years of age or older
- e. A **completely** filled out application form. (Partially completed forms **will not** be considered.)

**Separate applications must be completed for coapplicants
(excludes married couples)**

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including background, credit checks, and check of references below.

27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135
Tel: (239) 947-4552 Fax: (239) 495-1518
info@Vestapropertyservices.com
www.Vestapropertyservices.com/sw



TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? _____ YES _____ NO

Full name of applicant: _____

Current home address: _____

Phone #: _____ Email: _____

Social security #: _____ Date of birth: _____

Current employer: _____ Position: _____

Employer address: _____

Phone #: _____ Length of time in position: _____

Supervisor's name: _____

Citizen of US? _____ (If no, submit document copy of residency authorization or passport photo page).

Full Name of spouse: _____

Current home address: _____

Phone #: _____ Email: _____

Social security #: _____ Date of birth: _____

Current employer: _____ Position: _____

Employer address: _____

Phone #: _____ Length of time in position: _____



Supervisor's name: _____

Citizen of US? _____ (If no, submit document copy of residency authorization or passport photo page).

Make of car: _____ Year: _____ License No. _____ State: _____

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Use of this property is for single family residence only, two occupants per bedroom. Please list and names, relationships, and ages of all persons who will occupy the home in addition to the applicants above.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please include details: _____

In case of emergency notify: _____ Phone: _____

Address: _____

Any litigation, such as evictions, suits, judgments, bankruptcies, foreclosures? Yes _____ No _____

If yes, give details and dates: _____
(please use the back of this page if more space is needed).

I (we) have received, read, and agree to abide by the Declaration, Bylaws, Amendments, Articles of Incorporation, and the Rules and Regulations of Hawthorne Community



Association, Inc. (These documents can be found on the Hawthorne website, hawthornehoa.com)

Applicant signature

Coapplicant signature

I (we) further agree that in the absence of the owners, the association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The prospective tenants understand that the association or its manager may use the above application to perform a background, prior landlord, credit, and police records check on the applicants listed above. This information will be kept confidential and may be used to approve or disapprove the applicants.

Occupancy prior to board of directors approval is prohibited.

The owner or rental agent will be advised by the management company whether this application is approved or disapproved.

I (we) have read, understood, and agree to all of the statements above.

Applicant signature

Printed name _____ Date _____

Coapplicant signature

Printed name _____ Date _____

Acceptance on behalf of Hawthorne Community Association

Approved: _____ Disapproved: _____

_____ Date: _____

Signature of authorized representative
For the Board of Directors



HAWTHORNE COMMUNITY ASSOCIATION PET REGISTRATION FORM

I, the pet owner, have read, understood, and agree to abide by all requirements as stated in the Hawthorne governing documents and Florida Statutes and accept the responsibility for all penalties, damage reimbursements, and fines for any violation of these requirements. The Hawthorne governing documents include the Declaration, Articles of Incorporation, Bylaws, Architectural Guidelines, and Rules and Regulations. These documents are available on the Hawthorne Community website in the "Governing Documents and Rules" section: www.hawthornehoa.com.

I hereby register the following pet(s)

Description of pet(s) _____

Breed(s) _____

Owner's name: _____

Address: _____

Phone: _____ Email: _____

Signature Date _____

Return this completed form to Vesta Property Services at the address below.

27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135
Tel: (239) 947-4552 Fax: (239) 495-1518
info@Vestapropertyservices.com
www.Vestapropertyservices.com/sw



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info@vestapropertyservices.com

VestaPropertyServices.com/sw

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
TENANT SCREENING PURPOSES**

Background Screening Disclosure

I hereby authorize Vesta Property Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender’s lists, wants and warrants records, credit history, and civil/law suit cases. Upon request Vesta Property Services will supply a copy of the completed consumer report along with a copy of an individual’s rights under the Fair Credit Reporting Act.

Authorization and Release

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant’s Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone



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I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant’s Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone