

The Enclave at College Pointe Condominium Association
C/O SWFL Cam Services LLC
10231 Metro Parkway Suite 204, Ft. Myers, FL 33966
239-243-8700 office * 239-245-8302 fax

Notice of Intent to Lease/Purchase-
Non Refundable Application Fee \$100 per person/\$150 for
married couples

(Cash, cashier's check or money order ONLY, payable to SWFL Cam Services) One fee for married couples, separate fees for individual applicants over the age of 18. **Please provide photo ID.**

Unit Number/Address

Property Owner's Name & Phone #

This notice of intent to lease and a fully executed copy of the related lease/sales agreement must be accompanied by Cash, Cashier's check or money order in the amount of \$100.00 payable SWFL Cam Services and mailed to Craig Valentine, C/O SWFL Cam Services at the above address. Please note:

- Use of unit is limited to single family residency
- Occupation of the unit is limited to Lessee and his/her immediate family listed below
- Unit is to be occupied by no more than ____ persons
- Units may not be sublet
- Tenants may not have pets of any type

THIS SECTION TO BE COMPLETED BY (OWNER) LESSOR/SELLER

For a lease, In compliance with the Declaration of Covenants and Restrictions of the Association names above, I (we) hereby serve notice, as Owner(s) or Agent of the above referenced unit, I (we) intend to offer said for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning: _____ and ending _____. I (we) understand and hereby agree that I (we) am fully responsible for ensuring the lessee and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee with copies of same. Please provide current contact information:

Owners Mailing address: _____ Phone #: _____

Is this a lease _____? Is this a sale? _____ Please provide intended date of move-in/sale: _____

THIS SECTION TO BE COMPLETED BY LESSEE/PURCHASER
(partially completed forms will not be accepted)

In order for the Board of Directors of The Enclave at College Pointe Condominium Association to facilitate consideration of this application for lease of the above designated unit, I (we) understand that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application. By my (our) signature, I (we) consent to any and all types of inquiries concerning verification of this application and related background checks. I (we) have read and understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the unit and common property.

Name Lessee/Purchaser (1) _____ Soc Sec# _____ DOB: _____ Phone# _____

Present Address: _____ Owned? _____ How Long? _____ Landlord name/phone# _____

Previous Address _____ Owned? _____ How Long _____ Landlord name/phone# _____

Employer: _____ Phone #: _____

Name of Lessee/Purchaser: (2) _____ Soc Sec# _____ DOB: _____ Phone # _____

Present Address _____ Owned? _____ How Long? _____ Landlord name/phone# _____

Previous Address _____ Owned? _____ How Long? _____ Landlord Name/phone# _____

Employer: _____ Phone #: _____

Additional Occupant: _____ Relationship: _____ Age: _____

Additional Occupant _____ Relationship: _____ Age: _____

Additional Occupant _____ Relationship: _____ Age: _____

Please provide two (2) personal references (local if possible)

Name: _____ Address _____ Phone _____

Name: _____ Address _____ Phone _____

Please provide vehicle information

Make _____ Model _____ Year _____ Tag# _____

Make _____ Model _____ Year _____ Tag# _____

Please provide emergency notification information:

Name _____ Relationship _____ Contact Numbers _____

Name _____ Relationship _____ Contact Numbers _____

I (we) understand that any violation of the terms, provisions, conditions and covenants of the Windsor West Association Documents or Rules and Regulations provides cause for immediate action as therein provided, or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____ 20____.

Signature: _____ Signature: _____
Lessee (1) Lessee (2)

THIS SECTION FOR ASSOCIATION USE ONLY

Processing fee received: \$ _____ Lease attached? YES ____ NO ____

Date of Interview: _____ Approved ____ Disapproved ____

By: _____ Date: _____ 20____.

Additional Comments: _____

THE ENCLAVE AT COLLEGE POINTE
c/o SWFL Cam Services LLC
10231 Metro Parkway Suite 204
Ft. Myers, FL 33966
(239) 243-8700 office ** (239) 245-8302

* * * * *

ADDENDUM TO LEASE
The Enclave at College Pointe

ADDRESS _____ UNIT# _____
FT. MYERS, FL 33919

IT IS HEREBY AGREED UPON, BY THE OWNER AND LESSEE, THAT IN THE CASE WHEREIN THE OWNER IS UNABLE TO MEET THE OBLIGATION OF MONTHLY ASSESSMENTS OR SPECIAL ASSESSMENTS DUE TO THE THE ENCLAVE AT COLLEGE POINTE CONDOMINIUM ASSOCIATION, THE LESSEE OF THE UNIT WILL MAKE THE FULL RENTAL PAYMENT (NORMALLY DUE TO THE OWNER) TO THE ENCLAVE AT COLLEGE POINT CONDOMINIUM ASSOCIATION.

THIS RENT PAYMENT WILL BE APPLIED TO THE CURRENT ASSESSMENT DUE, (PLUS ANY OUTSTANDING PAYMENT ARRANGEMENT) AND THE REMAINDER RETURNED TO THE OWNER. RENTAL PAYMENTS WILL CONTINUE TO BE MADE TO THE ASSOCIATION UNTIL SUCH TIME AS THE ACCOUNT OF THE OWNER IS CURRENT. THE LESSEE WILL BE NOTIFIED BY THE 28TH OF THE MONTH IF THEY WILL BE REQUIRED TO RENDER THEIR MONTHLY RENT TO THE ASSOCIATION DIRECTLY.

(Owner/Lessor)

(Lessee)

(Association Agent/Member)