

**Application for Approval to lease
Somerset of Lee County Association**

Property Owner: _____ Telephone _____
(Print Name)

Email: _____ Cell # _____

Mailing address: _____

I, _____, hereby delegate my use rights and privileges of the association to my tenants.

I hereby apply for approval to LEASE _____ Unit # _____
(Address to be LEASED)

A completed copy of the signed LEASE agreement is attached.

Is a Realtor handling this transaction? Yes No

If yes, please enter the following information:

Realtor Name: _____ **Office** _____

Email: _____ **Telephone** _____

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 information below:

1. Full name of Applicant _____ Email _____
2. Full name of Spouse (if any) _____ Email _____
3. Current home address _____ City, St., Zip _____
4. Telephone Number _____ Cell # _____ Work _____
5. Place of Employment _____ Address: _____
6. Driver's License Number: _____ State _____

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

7. Person to be notified in case of emergency.

Name: _____

Address: _____

City/State/Zip: _____ Phone # _____

8. Make of car (s) to be kept at the residence during lease term:

Make/Model _____ Year _____

License No. _____ State _____ Color _____

Make/Model _____ Year _____

License No. _____ State _____ Color _____

9. Previous address if less than 2 years at above address:

Address: _____ City, State, Zip _____

Landlord _____ Telephone _____

10. I (we) will provide the Association with a copy of all documents required for leasing prior to moving in, I (we) also agree to pay all processing fees and deposit to the association at the time of application.

Do you authorize Vision Association Management to contact your employer? Yes No

Do you authorize Vision Association Management to contact your previous Landlord? Yes No

Do you have a motorcycle? Yes No If yes, you must submit Board approval form.

Criminal Records:

Has ANY applicant ever been arrested for a crime (Felony or Misdemeanor)? Yes No

Has ANY applicant ever been convicted of a crime or had adjudication withheld (Felony or Misdemeanor)?

Yes No

If yes, please provide explanation on back of this form.

I am aware of, have received a copy of, and agree to abide by the Declaration of Covenants, By-laws and Rules and Regulations for the Somerset of Lee County Association. _____ Initials _____ Initials

(Applicant Signature)

(Applicant Signature)

There is a **\$100. 00 application fee per person 18years and older if NOT married and \$50 background check fee per person 18years and older** – Make checks payable to **Vision Association Management.**

Return completed application along with fees and Lease agreement to address listed below. A copy of the approved application will be mailed or emailed to owner and/or applicant. Applicant must have written approval prior to moving into the premises.

 Application Approved

Authorized Vision Management Personnel

Application Denied

Date: _____

Application processing fee paid Check # _____ \$ _____

Background Check fee paid Check # _____ \$ _____

Any questions or concerns please email: receptionist@visiongolfmanagement.com or by fax 239.561.5770.

Vision Association Management
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