

**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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