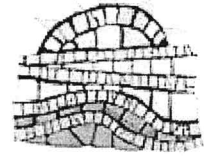


# Single Family Homeowners at Bella Terra Association, Inc.



## APPLICATION FOR APPROVAL TO LEASE

### INSTRUCTIONS & GUIDELINES

1. The attached application must be completed and signed by both the tenant(s) and homeowner(s). All fields must be completed; if any are left blank, the application may be automatically denied as an incomplete application. If the question does not apply, please write "N/A."
2. The completed application must be submitted to the office at least twenty (20) days prior to the desired date of occupancy.
3. Unregistered occupancy and occupancy prior to approval is strictly prohibited.
4. Units shall be used as a single-family residence only, and for no other purpose. No portion of a unit (other than the entire unit) may be rented. Sub-leasing is not permitted.
5. Lease terms may be no less than 3 months and may not exceed 12 months.

### DOCUMENTS AND FEES REQUIRED

1. Application completed in its entirety.
2. A copy of the signed lease agreement between the homeowner and tenant.
3. A copy of your pet's rabies vaccination and certificate of spayed/neutered, if applicable.
4. Each person over the age of 18 who is named on the lease and/or will occupy the home must submit a disclosure consent form, a copy of their drivers license and the applicable fee listed below for a background check.
5. Application fees: *(separate checks for each fee – payable by check only)*
  - a. Processing fee **\$100.00** Payable to: Alliant Property Management
  - b. Transfer of membership fee **\$100.00** Payable to: Bella Terra Master of SWFL
  - c. Background check fee **\$40.00/person** Payable to: Global Investigative Group
  - d. Transponder fee **\$25.00/vehicle** Payable to: Bella Terra Master of SWFL

*Non-US Citizens must also submit a clear, legible copy of their passport*

*Transfer of membership and transponder fees are refundable if residency is denied*

- No fees or notice and consent forms needed for renewals unless you are adding an additional tenant.
- Opt-in form is for owner to complete.

**Alliant Property Mgmt.**

**Attn: Bella Terra Sales & Leasing**

**13831 Vector Ave.**

**Fort Myers, FL 33907**

**LEASE INFORMATION**

Property Address

Lease Dates \_\_\_\_\_ to \_\_\_\_\_

*Homeowner or Real Estate Agent handling this transaction:*

Name	Company, if applicable
Address	City, State, Zip
Email	Phone

**APPLICANT INFORMATION**

*List all persons who are named on the lease and/or will occupy the residence. Attach an additional page if necessary. Please list the primary contact first. The relationship for each person is to the primary contact.*

Name	Age	Relationship	SELF
Current Address	City, State, Zip		
Home Phone	Birth date if under 18		
Cell Phone	Email		

Name	Age	Relationship	
Home Phone	Birth date if under 18		
Cell Phone	Email		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

**EMPLOYMENT INFORMATION**

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact

**VEHICLE INFORMATION**

Please provide the following information for all vehicle(s) to be kept at the residence during the lease term:

Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State

**PET INFORMATION**

*Declarations of Covenants, Conditions and Restrictions for Bella Terra Section 5.26 states: No more than two (2) commonly accepted household pets such as a dog or cat, and reasonable numbers of tropical fish or caged birds may be kept in a Living Unit, subject to other reasonable regulations by the Master Association or Neighborhood Association. All animals shall be leashed (if outdoors), or kept within the Living Unit and shall not be permitted to roam free. (Please see Section 5.26 for all rules and restrictions as to pets in the community)*

Pet Name	Type/Breed	Color	Weight
Pet Name	Type/Breed	Color	Weight

**Initial One:**

\_\_\_\_\_ I/We agree to provide the rabies vaccination and certificate of neutered/spayed for all pets.

\_\_\_\_\_ I/We do not have any pets.

**OFFICE USE ONLY BELOW THIS LINE**

Notes:

Approved By:	Date:
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## ACKNOWLEDGEMENT

I hereby agree for myself and on behalf of all persons who may use the residence which I own or seek to lease:

1. I represent that the following information is true and accurate. I understand any misrepresentation or falsification of information on these forms will result in the automatic rejection of this of this application.
2. I have read, understand and agree to abide by all of the rules and regulations of Bella Terra which are or may in the future be imposed by the Association.
3. I understand that any violation of the terms, provisions, rules, conditions, and covenants of the Bella Terra Association documents provides cause for immediate action as therein provided or termination of the lease under appropriate circumstances.
4. Owners hereby delegate their rights of enjoyment of the Common Area to the Tenants for the lease term.
5. I acknowledge sub-leasing and/or unregistered occupancy of this residence is prohibited.
6. I understand that the Association will institute an investigation of my background and each person over the age of 18 who will be residing in the unit.
7. I understand that a new application is required each year, however, no fees nor background checks are required for the renewal of the lease. I acknowledge that failure to submit a renewal application will result in all transponders and access cards being deactivated on the last day of the lease term.

Homeowner(s):

Sign:
Print:

Sign:
Print:

Tenant(s):

Sign:
Print:

Sign:
Print:

# *Bella Terra of SW Florida Fitness/Activities Waiver*

## Waiver and Release of Liability for All Claims

All residents and guest(s) who participate in fitness activities, or any other activity or event held on these premises, will be doing so at their own risk and on a volunteer basis. Residents (or guests) are encouraged to consult a physician prior to participating in fitness activities.

In consideration of being allowed to participate in any way in the Bella Terra athletic/sports program, and related activities, the undersigned:

1. Agrees as a participant of parent/legal guardian of \_\_\_\_\_

\_\_\_\_\_ ,  
A minor, to report any condition prior to beginning activity that might be affected by participating in the intended activity.

2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of injury that might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assumes all foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death.

4. Releases, waives, discharges and covenants not to sue Bella Terra of SW FL Master Association, it's affiliates, their respective administrators, directors, staff, instructors and other employees of the organization, other participants, sponsor, and if applicable, lessees of premises used to conduct the event, all of which are thereafter referred to as releases, from any and all claims, demands, losses or damage on account of my injury, disability, death or property damage and the injury, death, or property damage sustained by the minor named above, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

5. Participant(s) agree to indemnify the Releases and each of them from any loss, liability, damage, or cost, including attorneys fees, that Releases may incur as a result of the participation by the Participant(s) or the minor child or children named in the Release of All Claims in any fitness activity or other activities or events held on the premises of Bella Terra of SW Florida Master Association, whether such loss, liability or damage is caused by the negligence of Releases or otherwise.

Participant # 1 Signature

Date

Participant # 2 Signature

Date

Printed Name

Printed Name

Address

Phone

**Transferee Name(s):** \_\_\_\_\_

**Bella Terra Address:** \_\_\_\_\_

Email Address: \_\_\_\_\_

Dates of Transfer: From: \_\_\_\_\_ To: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Signature(s) of Transferee(s) \_\_\_\_\_ Date \_\_\_\_\_

Owner's  
Name: \_\_\_\_\_

Address and telephone number where Owner may be reached:

*Bella Terra of SW FL (owner) member acknowledges that a transfer is for a minimum of one month and that he/she does not have membership privileges for the duration of the transfer.*

Signature of owner (or agent for owner): \_\_\_\_\_  
Date: \_\_\_\_\_

**Transfer fee of \$100.00, made payable to Bella Terra of SW FL Master Association, should accompany transfer form. All transferees must come into the office to check in, sign the fitness waiver and receive membership access cards.**

**Amount paid:** \_\_\_\_\_ **Check / Cash:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Fitness/Activities waiver signed? Yes\_\_\_ No\_\_\_ Staff initials: \_\_\_\_\_



## CONSUMER SUMMARY OF RIGHTS

A Summary of Your Rights under the Fair Credit Reporting Act The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you (such as denying an application for credit, insurance, or employment) must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -

to which it has provided the data - of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.

- However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

• **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

• **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

• **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:  
**FOR QUESTIONS OR CONCERNS PLEASE CONTACT:**

Consumer Response Center – FCRA  
Washington, DC 20580  
# 202-326-3761

National banks, federal branches/agencies of foreign banks:  
Office of the Comptroller of the Currency  
*(word "National" or initials "N.A.." appear in or after bank's name)*  
Compliance Management, Mail Stop 6-6  
Washington, DC 20219  
# 800-613-6743

Federal Reserve System member banks:  
*(except national banks, and Federal Reserve Board / Division of Branches/agencies of foreign banks)*  
Consumer & Community Affairs  
Washington, DC 20551  
# 202-452-3693

Savings associations and federally chartered savings banks:  
Office of Thrift Supervisors  
*(word "Federal" or initials "F.S.B." appear in federal institution's name)*  
Consumer Programs

Washington, DC 20552  
# 800-842-6929

Federal Credit Unions National Credit Union Administration:  
*(word "Federal Credit Union" appear in institution's name)*  
1775 Duke Street  
Alexandria, VA 22314  
# 703-518-6360

State-chartered banks that are not members of the Federal Reserve System:  
Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs  
Washington, DC 20429  
# 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Department of Transportation Board of Interstate Commerce:  
Commission Office of Financial Management  
Washington, DC 20590  
# 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921:  
Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20250  
# 202-720-7051





# GLOBAL INVESTIGATIVE GROUP

INVESTIGATIONS

SECURITY SOLUTIONS

LICENSE A1100267

PO BOX 60753 • FORT MYERS • FL 33906

TOLL FREE: 855-444-7448

## NOTICE AND CONSENT - CONSUMER AND INVESTIGATIVE REPORTS

As part of the rental application process the landlord may request consumer credit reports and background investigative reports in connection with your application for purposes of evaluating your suitability as a qualified renter. This inquiry may include a review of current employment, credit report, civil and criminal litigation searches, general reputation within the community, personal interviews with your co-workers, neighbors, friends, current or former employers, or other personal acquaintances.

### AUTHORIZATION

I authorize all persons, business organizations, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release Global Investigative Group from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation. I have carefully read and understand this notice and by my signature below, I consent to the release of consumer and background investigative reports, as defined above, to Global Investigative Group, LLC, in conjunction with my application for rental. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

### ALL REQUESTED INFORMATION MUST BE PROVIDED

Print Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses: (City, State & Zip Code for previous five years)

\_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reference: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LANDLORD MUST COMPLETE THE FOLLOWING:

I certify that the person giving permission to run the credit and background report is the individual who signed the release. I have verified it for accuracy and readability.

Signature of Landlord/Person Authorizing Credit/Background Check: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



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#### AUTHORIZATION

I authorize all persons, business organizations, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release Global Investigative Group from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation. I have carefully read and understand this notice and by my signature below, I consent to the release of consumer and background investigative reports, as defined above, to Global Investigative Group, LLC, in conjunction with my application for rental. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

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\_\_\_\_\_  
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