

SABAL PALM NEIGHBORHOOD CONDOMINIUM ASSN.

Application for Approval to Lease

C/O Vesta Property Services, 27180 Bay Landing Drive, Ste 4, Bonita Springs, FL 34135
Phone: (239) 947-4552 Fax (239) 495-1518
Email: NSokolow@Vestapropertyservices.com

NOTE: **Please submit this form twenty (20) days prior to occupancy to allow for processing time.**

Property Owner Name: _____

Property Address: _____ Unit # _____

Owner Email: _____ Owner's Ph # _____

Owner's Agent: (if applicable): _____

Agent Email _____ Agent Ph # _____

Lease Start Date: _____ **Ending Date:** _____

Leases cannot be for less than thirty (30) days and not more than 120 days
No more than two unrelated applicants allowed per lease

PLEASE PRINT OR TYPE LEGIBLY THE FOLLOWING INFORMATION: If the applicant(s) is under the age of 21 a guarantor is required:

Full Name of Applicant #1: _____

DOB: _____
SSN: _____ CELL: _____

Full Name of Guarantor & Relationship: _____

DOB: _____ SSN: _____ PH: _____

Full Name of Applicant #2 & Relationship to #1: _____

DOB: _____
SSN: _____ CELL: _____

Full Name of Guarantor & Relationship: _____

DOB: _____ SSN: _____ PH: _____

***A social security number is required for any renters 18 yrs. or older. We must have this information if you choose to have Vesta Property Services conduct the background check (\$30 per person) A background is required for board approval to reside within the Sabal Palm Community**

Applicants' Present Address: _____

City _____ State _____ Zip _____

Phone #: (Home) _____ E-mail: _____

Current (or former, if retired) Employer: _____

Phone #: _____ Position Occupied: _____

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? ____YES ____ NO

Previous Landlord: _____ Phone #: _____

Address: _____

Have you ever been denied a lease in the past: Yes _____ No _____

Please state the names, relationship and age of all other persons who will be occupying the unit regularly:

NAME	RELATIONSHIP TO APPLICANT	AGE
_____	_____	_____
_____	_____	_____

VEHICLE OWNERSHIP

Applicant 1: Make _____ Model _____ Color _____ Year _____ Plate # _____

Applicant 2: Make _____ Model _____ Color _____ Year _____ Plate # _____

List names and addresses of two (2) references – local if possible (non-related):

Name: _____ Address: _____ Phone _____

Name: _____ Address: _____ Phone _____

Person to be notified in case of emergency: _____

Address: _____ Phone _____

I acknowledge receipt of a copy of the Rules and Regulations and agree to abide by them. _____ (INITIAL(S)). The Rules and Regulations include, but are not limited to the following:

- 1. No trucks
- 2. All vehicles must observe posted speed limits
- 3. No campers, RV's, boats, or trailers
- 4. Parking allowed in designated areas only
- 5. No vehicle repairs on premise
- 6. No commercial vehicles

. **TENANTS ARE NOT PERMITTED TO HAVE PETS. Please initial to acknowledge that you are aware of this restriction. _____ (Initial)**

A copy of the lease agreement, signed “Rules and Regulations” to be followed by all Renters/Guests” and checks or money orders in the amounts of \$100.00 made payable to Sabal Palm, MUST be attached to this application and sent to the Association c/o Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135. Phone: 239-947-4552 Fax: 239-495-1518. Approval will not be granted if application is incomplete.

The information described above must be submitted at least twenty (20) days prior to the starting lease date.

We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable. I/We am/are aware of and agree to abide by the Declaration of Condominium, Articles of Incorporation, and Regulations of the Association and acknowledge that the association may terminate a lease upon default by the tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the association's officers and/or the association's designee.

AUTHORIZATION: I/we hereby authorize Vesta Property Services and/or Sabal Palm Condominium Association, Inc. to verify all information contained on the application and conduct a full background check, Including but not limited to credit, employment, income, eviction and criminal, and authorize that they contact any persons or companies listed on the application. Prospective Tenants may be required to meet with 2 Board members prior to approval.

➔ SIGNATURE OF APPLICANT(S): _____ DATE _____

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Don't forget to include:

- ** The \$100 non-refundable processing fee (**PAYABLE to Sabal Palm**) plus \$30.00 per person 18 years of age or older
- ** A copy of the executed lease agreement

ACTION OF BOARD OF DIRECTORS

APPROVED _____ DISAPPROVED _____ DATE OF DECISION _____

BY: _____
(Assn. President or Board Member)

SABAL PALM NEIGHBORHOOD CONDOMINIUM ASSN RENTAL RULES AND REGULATIONS

**The rules and regulations include but are not limited to the following.
Refer to the Condominium Governing Documents for full disclosure.**

1. No consistent noisy or disruptive behavior in the unit or around the community
2. No owning or discharging of fireworks on the property
3. Absolutely no discharging of a weapon, including BB guns, air guns, etc.
4. No boats, rafts or other watercrafts on the lakes. Swimming in the lakes is also prohibited
5. No sunbathing or gatherings in the driveways
6. No speeding on the property and ONE WAY signs must be obeyed at all times
7. No work or commercial vehicles may be parked on the premises at night or on the weekends
8. Boats, trailers, recreational vehicles and motor homes are not permitted to be parked in the driveways
9. Garage doors are to remain closed at all times except when in use
10. No more than TWO vehicles are permitted per lease and the vehicles must be stored in the unit's garage or driveway. NO EXCEPTIONS
11. No vehicle maintenance to be performed in the driveway, all vehicles leaking fluids will be towed at the owner's expense
12. Absolutely no motorcycles allowed to be stored or driven on property
13. No gas or charcoal grills anywhere on the premises (Enforced by Estero Fire Department)
14. Absolutely no pets of any kind for Renters or Guests
15. Absolutely nothing may be affixed to the outside of the building (such as satellite dishes, cables, bird houses, wall hangings, etc.)
16. Window coverings must be white or off white on any exterior facing surface
17. Lanais are to be kept clean and are not to be used as storage facilities
18. No littering (this includes cigarette butts)
19. All garbage and recycling receptacles are to be kept within the garage. Please place your receptacles out on Monday after 6pm for Recycling and Tuesday after 6pm for Trash pick up. Receptacles should be removed and stored as soon as possible after pick up. All trash must be placed in a garbage can and not put out in plastic bags.
20. Follow all pool rules including but not limited to no foul language, no glass in the pool, be courteous to other pool guests and no diapers in the pool.
21. Per Lee County Department of Health Code, pool hours are dawn to dusk

Upon approval of this lease I understand and agree the Association is authorized to act as the OWNER'S agent and has full power and authority to take whatever action may be required, including eviction to prevent violations by LESSEES AND THEIR GUESTS according to Declarations and Rules and Regulation of the Association _____ (INITIAL(S))

SIGNED:

APPLICANT: _____ **DATED:** _____

OWNER: _____ **DATED:** _____



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239-947-4552, f 239-495-1518
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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_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone