

The Reserve

AT ESTERO

Alliant Property Management
13831 Vector Avenue
Fort Myers, Florida 33907

Application for Lease Renewal

Instructions: This application must be completed by the Homeowner, signed by both the home owner(s) and applicant(s) and returned to the above address no less than thirty (30) days prior to any lease renewal/expiration and must be supported with full documentation, **including a signed copy of the lease renewal agreement or new lease.**

An updated background check will be performed at the cost of \$40.00 **per applicant** over the age of 18. Make checks payable to Alliant Property Management, LLC. **Approval or denial will be issued within 14 days from the date of receipt of the background check.** If this application is neither approved in writing nor disapproved within that time failure to act shall be deemed the equivalent of a denial and on demand the Association shall issue a written letter of denial to the lessee

All Association homes are designed as single family residence only and must be purchased, leased or utilized as such.

No more than **two (2)** unrelated adults may lease a home.

_____ is/are applying to renew
their lease for (Lot #) _____, (Street Address) _____ in The Reserve at Estero Homeowners
Association from the owner(s) _____

Please state the name and relationship of all children who will be occupying the home on a regular basis: (if different from original lease

Household members under age 18

Name

Relationship

Household members age 18 or older

Name

Relationship

In Order to facilitate consideration of this application, I/We represent that all information provided is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval

I understand and agree that the Association, if it approves the renewal of a lease, is authorized to act as the owner’s agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Covenants of the Reserve at Estero, the Association’s Bylaws and the Rules and regulations of the Association.

Applicant #1 (signed)_____Date_____

Applicant #2 (signed)_____Date_____

Applicant #3 (signed)_____Date_____

A complete copy of the signed lease renewal or new lease is attached.

FOR OWNERS ONLY

As the owner of the property listed on the Application for Lease, you understand that your signature, or the signature of your designated representative, on the Application for Lease indicates that you have read and agree to abide by The Reserve at Estero's covenant (Article XII, Section 23) regarding the Leasing of Units. (See Association Covenants at The ReserveatEstero.com Real Estate Sales/Lease Information.)

You also understand that by checking "Yes" and affixing your signature to permit your lessee to reserve one or more rooms in The Reserve at Estero Clubhouse, you are responsible for the costs of repair of any damage done to the reserved rooms should your lessee not pay for these damages. If you check "No" and affix your signature, your lessee will not be permitted to reserve any room in the Clubhouse.

I grant my permission for my lessee to reserve rooms in the Clubhouse. _____Yes _____No

_____	_____	_____	_____
Owner’s Signature	Date	Owner’s Signature	Date

_____	_____
Print Owner’s Name	Print Owner’s Name

RENTAL AGENT/COMPANY AFFIDAVIT

As the rental agent for the Homeowner, the undersigned agrees to be responsible for the immediate correction or prevention of any violation by the tenants of the restrictive covenants or rules applicable to the Association, including termination of the lease and removal of the tenant.

_____	_____	_____
RENTAL COMPANY (IF APPLICABLE)	SIGNATURE OF RENTAL AGENT	Date
_____	_____	_____
PHONE NUMBER OF RENTAL AGENT	PRINTED NAME OF RENTAL AGENT	

FOR OFFICE USE ONLY:

Interviewed by _____

Date _____

This application is approved _____ Not approved _____

The Reserve at Estero Homeowners Association, Inc.

By _____ Print Name _____

Title _____

Date _____

Revised September 1, 2017

DISCLOSURE CONSENT APPLICATION

Please complete this form for each person to occupy the unit of the age 18 and older.

Please do not leave any blanks, as this will result in a delay of the processing of the application

Please Print Your Full Name Social Security Number

Please Print Any Other Names You Have Used Date of Birth

Street Address

City State Zip Code

Driver's License # Expiration Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature Date

Witness Date

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