



Date of Application

to _____

Lease Dates

c/o Compass Rose Management
1010 NE 9th Street, Suite A
Cape Coral, FL 33909
Phone 239-309-0622** Email info@crmfl.com

LEASE APPLICATION

Tenant (s):

MUST SUBMIT THE FOLLOWING:

Background check information

Copy of Drivers License

Copy of Lease Agreement

Checks: Made payable to:

- \$75.00 **per person** non-refundable for background check *over the age of 18 payable to Compass Rose Management
- \$150.00 non-refundable Processing Fee payable to Compass Rose Management
- \$150.00 non-refundable Application Fee payable to Villa Medici

Community Address

Owners Name

D.O.B. _____

Last Name

First Name

Phone _____ Email _____ SS# _____

D.O.B. _____

Last Name

First Name

Phone _____ Email _____ SS# _____

**By providing your email address on this form, you acknowledge and agree to be contacted by email from the HOA regarding all association matters.

Current Address

Years of Occupancy

Current Landlord Name

Landlord Phone



ALL OTHER PERSON UNDER 18 RESIDING AT THIS ADDRESS:

THE GOVERNING DOCUMENTS OF VILLA MEDIC HOA STATE THAT EACH UNIT BE USED AS A SINGLE FAMILY RESIDENCE ONLY.

_____	_____	_____
Last Name	First Name	Age

_____	_____	_____
Last Name	First Name	Age

_____	_____	_____
Last Name	First Name	Age

_____	_____	_____
Last Name	First Name	Age

EMERGENCY CONTACT:

_____	_____	_____
Last Name	First Name	Phone

_____	_____	_____
Last Name	First Name	Phone

PERSONAL REFERENCES NOT RELATED TO YOU, OR A PARTY TO THE LEASE:

_____	_____	_____
Last Name	First Name	Phone

_____	_____	_____
Last Name	First Name	Phone



I AM AWARE AND AGREE TO ABIDE BY THE DECLARATION, THE ARTICLES OF INCORPORATION, THE BYLAWS, AND THE RULES AND REGULATION OF VILLA MEDICI HOA. I ACKNOWLEDGE THE RECEIPT OF THE COPY OF THE RULES AND REGULATIONS.

I UNDERSTAND AND AGREE THAT THE ASSOCIATION, IF APPROVED, IS AUTHORIZED TO ACT AS THE OWNER'S AGENT, WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION NECESSARY, INCLUDING EVICTION, TO PREVENT VIOLATIONS BY TENANTS AND THEIR GUESTS, OF PROVISIONS OF THE DECLARATION, THE ASSOCIATION BYLAWS, AND THE RULES AND REGULATIONS OF THE ASSOCIATIONS.

Tenant Name

Tenant Name

Tenant Signature

Tenant Signature

Date

Date

Owner Name

Owner Name

Owner Signature

Owner Signature

Date

Date

LEASING AGENT INFORMATION:

AS THE LEASING AGENT FOR THE UNIT OWNER, THE UNDERSIGNED AGREES TO BE RESPONSIBLE FOR IMMEDIATE CORRECTION OR PREVENTION OF ANY VIOLATION OF THE TENANTS AND TENANTS' GUEST OF THE RESTRICTIVE COVENANTS OR RULES AND REGULATIONS OF THE ASSOCIATION, INCLUDING TERMINATION OF THE LEASE AND REMOVAL OF THE TENANT.

Agency Name

Leasing Agent Name

Leasing Agent Phone/Email

Leasing Agent Signature

*****Return Complete Packet by mail or email to:**

Compass Rose Management 1010 NE 9th Street Suite A, Cape Coral, FL 33909

Phone: 239-309-0622 Email: info@crmfl.com



VEHICLE INFORMATION FORM

Last Name

First Name

Community Address

**Please submit a copy of the vehicle registration and a copy of license.

**No commercial vehicles or vehicles featuring advertising are permitted to be kept in the community.

Vehicle #1 Information:

Vehicle Owner: _____ Vehicle Plate # _____

Vehicle Make: _____ Vehicle Color: _____ Year: _____

Vehicle Model: _____ State of Registration: _____

Vehicle #2 Information:

Vehicle Owner: _____ Vehicle Plate # _____

Vehicle Make: _____ Vehicle Color: _____ Year: _____

Vehicle Model: _____ State of Registration: _____

Vehicle #3 Information:

Vehicle Owner: _____ Vehicle Plate # _____

Vehicle Make: _____ Vehicle Color: _____ Year: _____

Vehicle Model: _____ State of Registration: _____



PET REGISTRATION FORM

Last Name

First Name

Community Address

Pet #1 Information:

Pet Name: _____

Pet Color: _____

Pet Breed: _____

Weight: _____

License #: _____

Age: _____

Pet #2 Information:

Pet Name: _____

Pet Color: _____

Pet Breed: _____

Weight: _____

License #: _____

Age: _____

****Please submit a picture of the Pet **Please submit a copy of the County License**

- No more than 2 authorized pets shall be maintained in any unit
- No pets can exceed 40 pounds
- **ALL** pets must be registered with Lee County and submit proof of license
- Pets shall not be kept, bred, or maintained for any commercial purpose
- Pets are not allowed in or around the Clubhouse, Pool, Pool Deck, or Fitness Center
- Each yard is privately owned, so do not encroach private property with your pet
- Owners must pick up all solid waste of their pet and dispose of accordingly
- All pets including cats must be kept on a leash of any length that affords reasonable control over the pet at all times
- No pets may be kept outside when an owner is not present
- Any violation of the provisions of these restrictions shall entitle the Association to all of its rights and remedies, including the right to fine the owners and tenants and/or requiring any pet to be permanently removed from the premise.