

# WINDSOR WEST CONDOMINIUM ASSOCIATION, INC.

C/O SWFL CAM Services, LLC

10231 Metro Parkway, Suite 204, Ft. Myers, FL 33966

239-243-8700 office \* 239-245-8302 fax

## Notice of Intent to Lease a unit

(Partially completed forms will not be accepted and will be returned)

Unit Number/Address \_\_\_\_\_

Current Owner's Name & Phone # \_\_\_\_\_

Email address of Owner: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**This notice of Intent to lease must be accompanied by a legible copy of a photo ID of each occupant over the age of 18.**

- Completed Signed Lease Application
- Copy of Signed Lease contract
- Copy of Driver's License
- All Application fees are non-refundable
- \$100 Application Processing Fee payable in cash, cashier's check or money order to: SWFL CAM Services
- \$100 Application fee payable to: Windsor West Condominium Association
- Background Checks payable in cash, cashier's check or money order to: SWFL CAM Services
  - \$50 per person (US Citizen with US Driver's License)
  - \$200 per person (Non-US Citizen with Passport or Foreign ID)
- \$50 Expedite Fee if application is not received 20 days prior to start of lease
- There is a \$500 refundable Security Deposit required on all rentals, against damages to the common elements (Separate payment, please). Payable to: Windsor West
- BACKGROUND CHECK NOT REQUIRED FOR RENEWAL OF LEASE

### **APPROVAL IS REQUIRED BY THE BOARD OF DIRECTORS**

Use of unit is limited to single family residency.

Occupation of the unit is limited to Lessee and his/her immediate family listed below.

- Unit is to be occupied by no more than 2 persons in a 1 bedroom and 4 persons in a 2 bedroom
- Pets are NOT allowed \_\_\_\_\_ Applicant(s) Signature
- Lease dates from: \_\_\_\_\_ to \_\_\_\_\_.

Name of Applicant: (1) \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec# \_\_\_\_\_

Present Address: \_\_\_\_\_ email: \_\_\_\_\_

Phone # \_\_\_\_\_ How Long? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

If rented, please provide Name/Phone of Landlord: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Name of Co-Applicant:** (2) \_\_\_\_\_ DOB: \_\_\_\_\_ Soc Sec# \_\_\_\_\_

Present Address \_\_\_\_\_ email: \_\_\_\_\_

Phone # \_\_\_\_\_ How Long? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

If rented, please provide Name/Phone of Landlord: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Additional Occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Additional Occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Additional Occupant: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**NOTE: All persons 18 years of age and older who will occupy the unit for any length of time shall be considered a Co-Applicant and must complete a corresponding application.**

**Additional Co-Applicants may require an additional non-refundable fee.**

**Please provide two (2) personal references (local if possible)**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please provide vehicle information**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

**Please provide property emergency notification information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Numbers \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Numbers \_\_\_\_\_

- **NO OTHER FORMS WILL BE ACCEPTED**

**APPLICANTS AUTHORIZATION:** Please initial \_\_\_\_\_

I/We the undersigned (to include any additional occupants on separate applications which are hereby incorporated herein) authorize the Windsor West Condominium Association and its property management company, SWFL CAM Services, to obtain an investigative consumer credit report including but not limited to credit history, criminal record search and registered sexual offender search. I/We authorize the release of information from PREVIOUS OR CURRENT LANDLORDS, EMPLOYERS AND BANK REPRESENTATIVES. This investigation is for resident screening purposes only and is confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I/We hereby hold the owners, Windsor West Condominium Association and SWFL CAM Services and its agents free and harmless of any liability for any damages arising out of any improper use of this information.

**The following is important information about your rights under the Fair Credit reporting Act:**

- a. You have the right to request disclosure of the nature and scope of the investigation.
- b. You must be told if information in your file has been used against you.
- c. You have a right to know what is in your file, and this disclosure may be free.
- d. You have the right to ask for a credit score. (There may be a fee for this service).
- e. You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information.

A summary of your rights under Fair Credit Reporting Act is available by visiting or writing: [www.ftc.gov/credit](http://www.ftc.gov/credit). Or Consumer Response Center, Room 130-A, Federal Trade Commission 600 Pennsylvania Ave NW, Washington, DC 20580.

**Applicants acknowledge, agree to, and confirm:**

1. That prior to submission of the application that they received from the Owners current copies of the Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations of the Condominium Association pertaining to the Unit which they are requesting to occupy.
2. That a breach of any term of the above referenced condominium documents or Rules and Regulations constitutes a default under the lease and the Association may demand termination of the lease..
3. That a misstatement under this Application shall constitute a default under the lease.
4. That at no time during the term of the proposed lease shall any person who is required to be registered as a sexual predator/offender the laws of any state or county be allowed to stay overnight within the Unit. Notice regarding Florida Sexual Offender Law: The Florida Department of Law Enforcement (FDLE) maintains a list of sexual predators/offenders to enable the public to request information about these individuals who may be living in their communities. If this is important to you as a potential occupant of a condominium unit within this community, you may contact FDLE prior to entering into a lease at 1-888-357-7332 (toll free), via e-mail at [www.sexpred\(cV.fdle.state.fl.us.or](mailto:www.sexpred(cV.fdle.state.fl.us.or) Be advised that this disclosure is not a warranty of any kind. Further, it is not intended to be a substitute for any independent investigations which the applicants may wish to make for their own benefit.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co-Applicant Signature                      Date

**Owner's Acknowledgement and consent:**

The Owners of the unit proposed to be leased acknowledge that notwithstanding that they are leasing their unit it is they who shall continue to be responsible and liable for any and all damages caused to any other units within the community or any limited or common elements of the condominium association which may be caused by any applicants or their guests. A \$500 refundable security deposit will be held in escrow for the duration of the rental and returned per Florida regulations if applicable.

Owners further agree that in the event there is a default under the lease as a result of a breach of any condominium rule or regulations or covenants that the Owners shall take immediate steps to terminate the lease and evict the applicants. Further, the Owners hereby agree to hold the Association and its property manager, SWFL CAM Services, free, harmless, and indemnified from any and all costs, damages, fees and expenses of any kind whatsoever in connection with this proposed rental.

\_\_\_\_\_  
Owner's Signature                      Date

\_\_\_\_\_  
Owner's Signature                      Date

It is understood that SWFL CAM Services, LLC will attempt to have a response to the applicants within approximately ten (10) business days, but that such response time cannot be guaranteed.

**THIS SECTION FOR ASSOCIATION USE ONLY**

Application fee received: \$ \_\_\_\_\_

Common Element Security Deposit received: \$ \_\_\_\_\_

Security Deposit paid by: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ -

By: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**C/O SWFL CAM Services, LLC**  
**10231 Metro Parkway, Suite 204, Ft. Myers, FL 33966**  
**239-243-8700 office \* 239-245-8302 fax**

**ADDENDUM TO LEASE**

\_\_\_\_\_ BROADWAY UNIT # \_\_\_\_\_

FORT MYERS, FL 33901

PURSUANT TO THE JULY 1, 2010 CHANGE IN CHAPTER 718 FLORIDA STATUTES, IT IS HEREBY AGREED UPON, BY THE OWNER AND LESSEE, THAT IN THE CASE WHEREIN THE OWNER HAS FAILED TO MEET THE OBLIGATION OF MONTHLY ASSESSMENTS OR SPECIAL ASSESSMENTS DUE TO THE WINDSOR WEST CONDOMINIUM ASSOCIATION, AND IS PAST DUE A MINIMUM OF 90 DAYS, THE LESSEE OF THE UNIT WILL MAKE THE FULL RENTAL PAYMENT (NORMALLY DUE TO THE OWNER) TO WINDSOR WEST CONDOMINIUM ASSOCIATION.

THIS RENT PAYMENT WILL BE APPLIED TO THE CURRENT ASSESSMENT DUE, PLUS LATE FEES AND INTEREST. RENTAL PAYMENTS WILL CONTINUE TO BE MADE TO THE ASSOCIATION UNTIL SUCH A TIME AS THE ACCOUNT OF THE OWNER IS CURRENT. THE LESSEE WILL BE NOTIFIED IN WRITING IF THEY WILL BE REQUIRED TO RENDER THEIR MONTHLY RENT TO THE ASSOCIATION DIRECTLY. FAILURE TO MAKE THE FULL MONTHLY PAYMENTS DIRECTLY TO THE ASSOCIATION WILL RESULT IN THE TERMINATION OF THE LEASE AND EVICTION. BE ADVISED THAT THE OWNER OF THE UNIT (LESSOR) WILL CONTINUE TO BE REQUIRED TO MEET HIS/HER OBLIGATIONS TO THE TENANT UNDER THE FLORIDA TENANT/LANDLORD STATUTES (CHAPTER 83).

\_\_\_\_\_  
(Owner/Agent)

\_\_\_\_\_  
(Lessee)

\_\_\_\_\_  
Association Agent / Member

\_\_\_\_\_  
Date

## **SATELLITE DISH LEASE ADDENDUM**

In order to use a satellite dish for the use of television viewing in your apartment, the resident(s) located as \_\_\_\_\_ Unit # \_\_\_\_\_ Ft. Myers, FL must comply with the following regulations:

- The premises of your apartment include the patio, balcony or private fenced-in yard areas for the exclusive use of the lease premises. This does not include exterior walls, railing, roof, windowsills, or any common area outside the leased premises.
- The satellite dish or any parts, attachments, supports, or pieces cannot protrude past the outside portion of the balcony, balcony railing, patio or private yard area.
- Drilling holes of attachment of the satellite dish or any of its components, supports, or pieces to the building façade or any common area portion of the property is prohibited.
- Free standing satellite dishes must be mounted on a manufactured pole or tripod assembly sold for the purpose of holding or supporting satellite dish. No homemade or non-manufactured satellite mounting systems are allowed.
- Wiring from a satellite dish to lessee apartment cannot be attached to or cross and common area. All wiring must be properly secured and covered to prevent it from causing injury to lessee occupants, guests, property staff or any persons doing work at or visiting said property or lessee's apartment.
- Lessee is not allowed to hook up any additional households to their satellite dish with the intent to see or offer the signal to other residents or guests. Management prohibits the transfer of any signal or communication from satellite through any common area halls, walls, attics, basements, or any other areas deemed to be outside the lessee premises.
- Resident must provide and maintain renter's insurance providing liability coverage for both personal injury and physical damage resulting from the satellite dish. Proof of both personal injury and physical damage resulting from the satellite dish. Proof of coverage must be presented at each lease renewal period. If for any reason the insurance policy lapses, lessee agrees that they will remain responsible for any and all damage resulting from erecting a satellite dish of lessee premises.
- \_\_\_\_\_ cannot guarantee that the apartment lessee is occupying is located where they are able to receive a proper or good satellite signal. Management will not be responsible for any type of quality problems with the signal reception.

\_\_\_\_\_  
RESIDENT SIGNATURE / DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RESIDENT SIGNATURE / DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RESIDENT SIGNATURE / DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
RESIDENT SIGNATURE / DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
LANDLORD AGENT / DATE

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**WINDSOR WEST PARKING REGISTRATION**

NAME \_\_\_\_\_

UNIT # \_\_\_\_\_ PARKING LOT # \_\_\_\_\_

EMAIL \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

TAG # \_\_\_\_\_ STATE \_\_\_\_\_

**WINDSOR WEST STICKER IS REQUIRED**  
**FOR ALL OWNERS AND TENANTS**  
**PARKING ON WINDSOR WEST**  
**PROPERTY.**

Please mail form to address below or you may place it in the drop box in the office door located at building 3706 Broadway lobby area.

WWCA Inc.  
3706 Broadway Ave, Unit #41  
Ft. Myers, FL 33901