

ASHTON OAKS AT RIVER HALL  
c/o Vesta Property Services, Inc.  
27180 Bay Landing Drive, Suite 4  
Bonita Springs, FL 34135  
Ph.: 239-947-4552 Fax: 239-495-1518  
E-mail: info@Vestapropertyservices.com

**PLEASE NOTE: The period for review of this application does not commence until (a) all information required on this application, (b) all fees, and (c) any back-up information requested by the Association has been received.**

## **APPLICATION TO LEASE**

Member(s) Name(s): \_\_\_\_\_

Lot/Home Number \_\_\_\_\_

Unit Address: \_\_\_\_\_

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

Term of Lease: From \_\_\_\_\_ to \_\_\_\_\_

### **Note:**

Owner may *not* use the association's facilities during the time the tenant is in possession of the unit.

### **TENANT INFORMATION:**

**(Include ALL prospective occupants--attach separate sheet if necessary.)**

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

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

Home Mailing Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Vehicle Make/Model/Year/Color/License \_\_\_\_\_

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? \_\_\_\_ YES \_\_\_\_ NO

A copy of the fully executed lease and each occupant's driver's license must accompany this application along with a check or money order in the amount of \$100.00 FOR EACH OCCUPANT OVER 18YRS OLD (Flat fee of \$100.00 per married couple) [Nonrefundable application fee] payable to: Ashton Oaks at River Hall Condominium Association, Inc.

I represent that the above information is true and correct, and that I hereby agree to abide by the Rules and Regulations of Ashton Oaks at River Hall, Inc. Further, I hereby grant the Association and its agents full authority to obtain a background and credit check.

TENANT SIGNATURE: \_\_\_\_\_

TENANT SIGNATURE: \_\_\_\_\_

(All prospective occupants, except for minor children, must sign.)

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

The undersigned Unit Owner hereby represents and warrants to the Association that the Unit Owner has scrutinized tenant, and tenant's application, and is vouching for the tenant's good character. The Unit Owner hereby agrees to abide by the terms and conditions of Ashton Oaks Lease Information and Procedures, and the Rules and Regulations of the Association, as well as to require the Tenant to comply with the Rules and Regulations of the Association. In particular, the Unit Owner agrees to reimburse the Association for any costs, or expenses, incurred by the Association in connection with the enforcement of the Leasing Procedures, or the Rules and Regulations of Ashton Oaks at River Hall, Inc., including, but not limited to, payment for any property damage to any of the Common Areas of Ashton Oaks or personal injury to any person which are caused by the Tenant or guest of the Tenant.

UNIT OWNER NAME & SIGNATURE: \_\_\_\_\_

UNIT OWNER NAME & SIGNATURE: \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Approved by Manager or Board of Directors \_\_\_\_\_ Date: \_\_\_\_\_

Denied by Manager or Board of Directors \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

- **A NONREFUNDABLE PROCESSING FEE OF \$100.00 PER OCCUPANT (\$100/MARRIED COUPLE) MUST BE SUBMITTED PAYABLE TO "ASHTON OAKS AT RIVER HALL" FOR EACH APPLICATION. A BACKGROUND AND CREDIT CHECK IS MANDATORY FOR ALL OCCUPANTS 18 YEARS OF AGE AND OLDER. PLEASE MAKE ALL APPLICATION FEE CHECKS PAYABLE TO "ASHTON OAKS AT RIVER HALL CONDOMINIUM ASSOCIATION, INC." AND SUBMIT WITH YOUR APPLICATION.**
- Please allow (10) ten days from the receipt of all information and fees for processing the lease application.
- A home shall not be leased more than three (3) times per year and no Home may be leased for a period of less than thirty (30) consecutive days.



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[VestaPropertyServices.com/sw](http://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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\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number State

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

(\_\_\_\_\_) \_\_\_\_\_  
Phone