

**Bermuda Links Condominium Association, Inc.**

**Application for Approval To Lease a Unit**

c/o Vesta Property Services

27180 Bay Landing Drive, Suite 4

Bonita Springs, FL 34135

Phone: 239-947-4552 Fax: 239-495-1518

Term of Lease \_\_\_\_\_ to \_\_\_\_\_ Today's Date \_\_\_\_\_

Unit Owner Name \_\_\_\_\_

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

Unit Owner's Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Name of Primary Applicant: \_\_\_\_\_ Please list all occupants over the age of 18 below:

(2) \_\_\_\_\_ (3) \_\_\_\_\_

(4) \_\_\_\_\_ (5) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Own:( ) Rent:( ) How Long: \_\_\_\_\_ Contact Phone Numbers: \_\_\_\_\_

Current Landlord or Mortgage Holder Name and Phone Number \_\_\_\_\_

**Social Security Number\***

**Date of Birth**

Primary Applicant:    \_\_\_ \_\_\_ - \_\_\_ - \_\_\_\_\_                                   \_\_\_ / \_\_\_ / \_\_\_

Co-Applicant (2)    \_\_\_ \_\_\_ - \_\_\_ - \_\_\_\_\_                                   \_\_\_ / \_\_\_ / \_\_\_

Co-Applicant (3)    \_\_\_ \_\_\_ - \_\_\_ - \_\_\_\_\_                                   \_\_\_ / \_\_\_ / \_\_\_

Co-Applicant (4)    \_\_\_ \_\_\_ - \_\_\_ - \_\_\_\_\_                                   \_\_\_ / \_\_\_ / \_\_\_

**\*A social security number is required for any resident 18 yrs. or older. We must have this information to conduct a background check, which is required for board approval to reside within the Bermuda Links Condominium Association.**

Applicant Current Occupation \_\_\_\_\_ Phone: \_\_\_\_\_

Co-Applicant Current Occupation \_\_\_\_\_ Phone: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ YR \_\_\_ Color \_\_\_\_\_ Lic # \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ YR \_\_\_ Color \_\_\_\_\_ Lic # \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ YR \_\_\_ Color \_\_\_\_\_ Lic # \_\_\_\_\_

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

**Bermuda Links Condominium Association, Inc.**  
**Application for Approval To Lease a Unit**

Have you ever filed bankruptcy? \_\_\_\_\_ What year? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ What for? \_\_\_\_\_

Have you ever been convicted for being under the influence or dealing in drugs, including alcohol? \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

**Please provide two personal or business references:**

Name #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**\*\*TENANTS ARE NOT PERMITTED TO HAVE PETS.\*\*** Please initial to acknowledge that you are aware of this restriction. \_\_\_\_\_ .

A copy of the lease agreement, signed "Rules and Regulations to be followed by all Renters" and checks or money orders in the amounts of \$100.00 and \$500.00 (separate checks please) payable to Bermuda Links Condo Assoc, Inc. **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 intended closing date or starting lease date.

I/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 Bermuda Links 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.

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

Co-applicant Signature: \_\_\_\_\_

**Signature(s) of parties to reside in the unit 18 years and over:**

\_\_\_\_\_  
\_\_\_\_\_

Applicant do not write below this line

Application Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved By: \_\_\_\_\_ Date \_\_\_\_\_

Application completed: Yes ( ) No ( ) Application Fees Submitted: Yes ( ) No ( ) Check# \_\_\_\_\_ Lease attached \_\_\_\_\_

Information verification completed by: \_\_\_\_\_

Reason for action taken: \_\_\_\_\_

# BERMUDA LINKS CONDOMINIUM ASSOCIATION

Bermuda Links Condominium Association RIDER to be attached to LEASE

C/O Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, Fl. 34135  
Tel: 239-947-4552 Fax: 239-495-1518

A \$500 Security Deposit is required for all annual rentals. **The deposit must come from the tenant.** Reimbursement will be to the tenant when the **\*\*lease expires\*\*** (conditions). Check payable to Bermuda Links Condominium Association.

## RIDER FOR LEASE APPLICATION TO BE COMPLETED BY TENANT(S) (LESSEE) RULES AND REGULATIONS FOR TENANTS (LESSEE)

1. **PETS:** Tenants **CANNOT** have pets of any kind.
2. **OCCUPANCY:** Is **LIMITED** to six (6) people.
3. **SPEEDING:** Absolutely no speeding on the property. Residents use our streets for walking.
4. **PARKING:** Tenant is allowed one (1) vehicle per licensed driver per unit. One car is to be parked in the garage/carport and second car may be parked in designated area. Work or commercial vehicles may not be parked on the premises. This includes vehicles with advertising. Boats, trailers, campers RV's and their like cannot be stored on Association property.
5. **GARAGES:** Cannot be used solely as storage units.
6. **NOISY AND DISRUPTIVE BEHAVIOUR:** No disturbance to the peace and quiet of your neighbour. Awareness of noise travelling from your unit and lanai to other buildings is your responsibility.
7. **DISCHARGING:** Of a weapon, including BB guns, air guns etc., and fireworks, is cause for eviction
8. **POOL USE:** Pool hours are **DAWN TO DUSK** a **Lee County Regulation**. Observe all pool rules as posted. No animals in/around pool area. No glass in pool areas. No diapers in pool. No smoking in public pool area. Trash to be put in appropriate containers.
9. **LAKES:** No boats, rafts, watercrafts or swimming in the lakes.
10. **GRILLING:** No gas or charcoal grills anywhere on the premises. You may use the charcoal grills provided on the property. Clean up is required.
11. **GARBAGE:** All trash to be placed in disposal bins. Use of **PROPER RECYCLE BINS** where appropriate is a **PRIORITY**. All boxes to be flattened. No plastic garbage bags in recycle bins.
12. **ALTERATIONS:** No alterations are allowed in the unit, the lanai or outside of a building. This includes satellite dishes, cables or wall hangings.
13. **LITTERING:** Is not permitted, including cigarette butts.
14. **CONDOMINIUM PROPERTY:** No maintenance or repair shall be performed on any vehicle on the property.
15. **TENANTS:** Are subject to all rules and regulations set here forthwith in the Bermuda Links Condominium Association Documents. **Annual Tenants** are required to attend an Orientation and need to contact Vesta Property Services to set up a appointment before occupancy or within 7 days of occupancy.
16. **SECURITY DEPOSIT.** Will not be refunded if Tenant is evicted.

Infractions of the above and association rules will result in fines and or eviction of the tenant. Eviction costs will be the responsibility of the owner.

***TENANT(S): I HAVE READ/UNDERSTOOD THE ABOVE REGULATIONS AND AGREE TO ABIDE BY SAME.***

TENANT(S) SIGNATURE(S): \_\_\_\_\_

PRINT NAME(S): \_\_\_\_\_

UNIT/BLDG. NUMBER: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

## BERMUDA LINKS CONDOMINIUM ASSOCIATION

Bermuda Links Condominium Association **RIDER** to be attached to **LEASE**

C/O Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135

Tel: 239-947-4552 Fax: 239-495-1518

A \$500.00 Security Deposit is required for all annual rentals. **The deposit must come from the tenant.** Reimbursement will be to the tenant when the **\*\*lease expires\*\*** (conditions). Check payable to Bermuda Links Condominium Association.

### **RIDER TO LEASE APPLICATION FOR OWNERS**

1. **Failure to Give Notice or Obtain Approval:** If proper notice (lease/rental contract/riders) is not given, the Board at its election may approve or disapprove the lease. Any lease/rental contract entered into without approval may, at the option of the Board, be treated as a nullity and the Board shall have the power to evict the lessee with five (5) days notice, without securing consent to such eviction from the Unit Owner.

If an owner is currently renting their unit without the knowledge and approval of the Association, said owner is subject to a fine of \$100 per day up to \$1,000.00, beginning when the unit was first occupied by the unapproved tenant.

2. **Application Fee:** Of \$100.00 must be provided to the Association at least 14 days prior to the beginning of the lease. The lease must be approved before the tenant can move in. Application fee paid to Bermuda Links Condominium Association.

3. **Terms of Lease and Frequency of Leasing:** No unit may be leased more often than five (5) times in any calendar year, or for a period of less than thirty (30) days. No lease may be for a period of more than one (1) year, and no option for the lessee to extend or renew the lease for any additional period shall be permitted. However, the Board, in its discretion, may approve the same lease from year to year. Lease renewals require approval and must be submitted annually, but no application fee is required, if previously paid. No subleasing or assignment of lease rights by the lessee is allowed.

4. **Occupancy During the Lease Term:** No one but the lessee, their family members within the first degree of relationship by blood, adoption or marriage and their spouses and guests may occupy the Unit. A Unit may not be leased to more than six (6) people.

5. **Disapproval:** (a) A Unit Owner is delinquent in the payment of assessments. (b) A Unit Owner has a history of leasing the Unit without obtaining approval. (c) A prospective lessee, convicted of felony. Lessee gives false or incomplete information to the Board or the required fees. (d) a real estate company or rental agent handling the leasing transaction on behalf of the Unit Owner has a history of screening lessee applicants inadequately, recommending undesirable lessees or entering into leases without approval.

6. **Fines:** Owners are responsible for their tenants. Owners will be fined for tenants not following Association Rules. Said owner is subject to a fine of \$100.00 per day up to \$1,000.00. Lessee can be evicted for failure to abide by the Association rules and the eviction costs will be the responsibility of the owner.

7. **Owners:** Must be aware of the rules and regulations that their tenants must follow. Tenants are required to register with Gulf Breeze Management to purchase a gate sticker for their vehicles. See RIDER TO LEASE APPLICATION FOR TENANTS.

8. **\*\*Security Deposit\*\*:** Will not be refunded if a Lessee/Renter is evicted.

***I have read and understand the above information regarding the leasing of units in Bermuda Links Condominium Association. I have also read and understand the rules and regulations for tenants.***

Owners Signature: \_\_\_\_\_

Print Name and Bldg/Unit Number: \_\_\_\_\_

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



27180 Bay Landing Drive, Suite 4  
Bonita Springs, FL 34135  
239-947-4552, f 239-495-1518  
info@vestapropertyservices.com

[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



27180 Bay Landing Drive, Suite 4  
Bonita Springs, FL 34135  
239-947-4552, f 239-495-1518  
info@vestapropertyservices.com

[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