

CAMARELLE AT PELICAN PRESERVE
LEASE APPLICATION

Is Lease Applicant a Current Active Duty Service Member, United States Reserve or Florida National Guard?

Yes No

Must be submitted 20 days prior to lessee occupancy

Return To: Camarelle at Pelican Preserve
c/o Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
Tel. 239-947-4552 Fax: 239-495-1518
Email: PMurphy@vestapropertyservices.com

Date: _____

Name of Current Owner: _____ Phone # : _____

I (we) hereby apply for approval to **Lease:** _____

Starting _____ **Ending** _____

Rental/Leasing Agent/or Owner _____

Address: _____

Please submit the following: (Incomplete Applications will be returned)

- a. A signed copy of the Lease Contract
- b. A non-refundable check for \$125.00 payable to: **Camarelle @ Pelican Preserve**
- c. Two reference letters must be attached
- d. Number of applicants must match lease contract
- e. A **completely** filled out application form. (Partially completed forms will **not be considered**)

Separate applications must be completed for co-applicants (excludes married couples).

I (we) represent: that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify **automatic** rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ Date of Birth: _____ S.S.# _____

Full Name of Spouse: _____ Date of Birth: _____ S.S.# _____

Current Home Address

Street number / Street name _____ City _____ State, Zip code _____

Phone #: _____ Email: _____

Current Employer: _____ Position Held: _____

Employer's Address: _____ Tel. Number _____

Length of time in Position: _____ Supervisor's name _____ Monthly Income \$ _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

Make of Car: _____ Year: _____ License No. _____ State: _____

Second Car: _____ Year: _____ License No. _____ State: _____

Use of this home is for single family residence only. Two occupants per bedroom.

Please list the names, relationship and age of all persons who will occupy your home in addition to applicants above.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? Yes or No

If yes, please include details _____

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

Any litigation such as evictions, suits, judgements, bankruptcies, foreclosure, etc.? Yes No

If yes, please give details and dates _____

(Please use the back of this page if more space is needed.)

I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Camarelle @ Pelican Preserve.

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The prospective lessee(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

Occupancy prior to Board of Directors approval is prohibited.

The current owners(s) will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood and agree to all of the statements above.

Applicant signature: _____ **Printed Name:** _____ **Date:** _____

Applicant signature: _____ **Printed Name:** _____ **Date:** _____

Acceptance of behalf of the Association

Approved Disapproved

*Signature of Authorized Representative
For the Board of Directors*

Date



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info@vestapropertyservices.com

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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