



**CARRINGTON at STONEBRIDGE  
CONDOMINIUM ASSOCIATION, INC.  
APPLICATION FOR APPROVAL TO  
LEASE A CONDOMINIUM UNIT**

UNIT # \_\_\_\_\_ UNIT OWNER \_\_\_\_\_

UNIT # \_\_\_\_\_ UNIT OWNER \_\_\_\_\_

I (We) hereby apply for approval to lease above unit for the period of \_\_\_\_\_ 20\_\_ thru \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ **PLEASE INITIAL HERE:** In order to facilitate consideration of this application, I (we) represent that the following information is true and correct and agree that any misrepresentation of the facts in this application will justify its automatic rejection. **I (We) consent to your further inquiry concerning this application particularly of the references given below, including a background check.**

There is a **\$100.00 non-refundable application fee** and a **\$40.00 background and credit check fee (U.S. background check” other countries may require an additional background fee) for each person 18 years of age or older listed on any application, made payable to Carrington at Stonebridge Condominium Association.**

Carrington at Stonebridge (“Carrington”) may be required, in its sole discretion, to consult with an attorney as a result of issues raised by your application. In that event, you agree to pay all attorneys’ fees and costs incurred by Carrington in connection with your application, regardless of whether your application is approved or not.

Copy of Driver’s License or copy of passport for U.S. Citizens or U.S. Legal Residence for each person 18 years of age or older listed on any application. Non-U.S. Citizens or U.S. Legal Residence must provide a copy of their passport of their country of residence and or citizenship.

**Complete the Stonebridge Country Club Membership Transfer Acknowledgment and Consent Forms that in its entirety and return it with \$450.00 check payable to Stonebridge Country Club directly to:**

Vesta Property Services  
Attention: Patrice Murphy  
27180 Bay Landing Drive, Ste. 4  
Bonita Springs, FL 34135

239-947-4552  
239-495-1518 (Fax)  
PMurphy@Vestapropertyservices.com

Full Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS #\* \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS #\* \_\_\_\_\_

\* Or country of applicant’s equivalent.



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

**Copy of Drivers License**

Current Address & Phone #\*: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Position Occupied: \_\_\_\_\_

\* Or country of applicant's equivalent.

The condominium documents for the above unit restrict occupancy to two (2) persons per bedroom and to be used for residential use only. Please state the name, relationship, birthdate, and social security number for all persons who will be occupying the apartment unit.

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #*
_____	_____	_____	_____
_____	_____	_____	_____

\* Or country of applicant's equivalent.

THIS IS A MANDATORY FORM TO BE USED UNDER LESSOR-LESSEE/SALE CONDITIONS. IN EITHER EVENT, IT MUST BE APPROVED OR DISAPPROVED BY THE CONDOMINIUM BOARD OF DIRECTORS.

List three (3) personal references (local if possible): \_\_\_\_\_

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

1) Bank References:	ADDRESS	PHONE	PERSON TO CONTACT
NAME OF BANK			
_____	_____	_____	_____

2) Prior Home Address: \_\_\_\_\_

3) Name, address, and phone of person to be notified in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_




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4)      Make and Model of Car(s)                      Year                      Color                      Tag Number

\_\_\_\_\_

\_\_\_\_\_

5)      Name, address, phone number, and e-mail of unit owner or realtor: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6)      \_\_\_\_\_ **PLEASE INITIAL HERE:** I understand that **NO PETS OF ANY KIND ARE PERMITTED IN LEASED UNITS.**

7)      \_\_\_\_\_ **PLEASE INITIAL HERE:** I understand that Vehicles shall be parked only in the carports or undesignated parking spaces serving the units. Parking of cars on the street is not allowed at any time.

8)      \_\_\_\_\_ **PLEASE INITIAL HERE:** I (We) am (are) aware of and agree to abide by the Declaration of Condominium, Articles of Incorporation, Bylaws, and any and all promulgated Rules & Regulations in effect during the term of my (our) occupancy (lease).

9)      \_\_\_\_\_ **PLEASE INITIAL HERE:** I (We) understand and agree that the association is authorized to act with full power and authority to take whatever action may be required, including eviction, to prevent violations of provisions to the Declaration of Condominium, the association’s Bylaws, the Florida Condominium Act, or the Rules and Regulations of the association.

**SIGNATURES:**

_____	_____
Applicant	Date
_____	_____
Applicant	Date

**Owner:**

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\_\_\_\_\_ **PLEASE INITIAL HERE:** I understand that leases shall be for a term no less that thirty (30) consecutive days.

\_\_\_\_\_ **PLEASE INITIAL HERE:** I understand that if a residential property is leased out for periods of



6 months or less, I am required to collect and remit Florida/Collier County sales tax on the amount of rental income collected. Although the sales tax is imposed on the tenant, the property owner is ultimately responsible for the collection and remittance of the tax to the Florida Department of Revenue.

\_\_\_\_\_ **PLEASE INITIAL HERE:** To prevent overtaxing the facilities a unit owner whose unit is leased may not use the recreation facilities or parking facilities on the Condominium property during the lease term. The unit owner shall however have those access rights granted by law to a landlord.

\_\_\_\_\_ **PLEASE INITIAL HERE:** The "lessor "(homeowner) relinquishes all rights to the club and its facilities including but not limited to parking on the premises.

SIGNATURES:

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

VERIFICATION OF ACCEPTANCE / REJECTION BY ASSOCIATION

Information provided verified on: \_\_\_\_\_

Applicant and Co-applicant were informed of acceptance \_\_\_\_\_ or rejection \_\_\_\_\_ on \_\_\_\_\_

Name of specific person(s) informed: \_\_\_\_\_

Acceptance or rejection was relayed in person \_\_\_\_\_ or by telephone \_\_\_\_\_ or by letter \_\_\_\_\_ or by email \_\_\_\_\_.

Name of authorized representative of Association who informed applicant and co-applicant:  
\_\_\_\_\_

Review by \_\_\_\_\_

Approved by: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Authorized Representative of Association

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

\*\*\*\* IMPORTANT: THIS APPLICATION ALONG WITH THE PROCESSING FEE AND A COPY OF THE LEASE AGREEMENT IS TO BE MAILED TO VESTA PROPERTY SERVICES AT THE ADDRESS BELOW.



**CARRINGTON CONDOMINIUM ASSOCIATION, INC.**  
**COMPLIANCE AGREEMENT**

NAMES OF lessee, tenants and family members over the age of 18 who will occupy the unit:

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

UNIT NUMBER & ADDRESS: \_\_\_\_\_ in Carrington  
**Condominium Association, Inc.**

By signing this Compliance Agreement and taking occupancy in the above-described unit in Carrington Condominium, I HEREBY ACKNOWLEDGE AND AGREE that I. have received a copy of the Rules and Regulations for the Carrington Condominium Association, that I have reviewed the Rules in their entirety, that I understand the restrictions and obligations contained in the Rules and that I agree to abide by the Rules for as long as I reside in the unit.

I further ACKNOWLEDGE AND AGREE that the Carrington Condominium Association, Inc. has the right to impose fines and suspensions if I fail to abide by the Rules and the right to seek an eviction or injunctive relief under legal proceedings if I continue to violate the Rules after a written warning from the Association. I understand and agree that the Association’s Board of Directors has the right to determine if a violation has occurred, in its sole discretion.

DATED: \_\_\_\_\_, 20\_\_\_\_.

Acknowledgement by lessee

\_\_\_\_\_  
LESSEE SIGNATURE  
\_\_\_\_\_  
LESSEE SIGNATURE  
\_\_\_\_\_  
LESSEE SIGNATURE

Acknowledgement by lessor

\_\_\_\_\_  
LESSOR SIGNATURE  
\_\_\_\_\_  
LESSOR SIGNATURE



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



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\_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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

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

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

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