

COASTAL KEY HOA.
LEASE APPLICATION

Must be submitted 20 days prior to lease occupancy

Return to:

**c/o Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
Tel. 239-947-4552 Fax: 239-495-1518**

Date: _____

Name of Current Owner: _____ **Phone #:** _____ **Cell #:** _____

[] I (we) hereby apply for approval to lease Unit #: _____

Starting _____ **Ending** _____

Rental or Leasing Agent _____ **Phone #** _____ **Cell #:** _____

Address: _____

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

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

- a. A signed copy of the lease contract
- b. A non-refundable check for \$100.00 payable to Coastal Key HOA
- c. Number of applicants must match lease contract.
- d. Copies of Valid I.D.'s
- 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)

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 / name

City

State, Zip code

Phone #: _____ **Cell Phone#:** _____ **Email:** _____

Current employer: _____ **Position Held:** _____

Employer's Address: _____ **Tel. Number:** _____

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

***ARE ANY OF THE PERSONS LISTED ABOVE SERVICEMEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES, AS DEFINED IN S. 250.01, FLORIDA STATUTES?
_____ YES _____ NO?

If you answered yes, please provide a copy of the military identification along with this application.

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

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

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

| NAMES | RELATIONSHIP | AGE |
|-------|--------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

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

If yes, 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 Coastal Key HOA

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 tenant(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 tenant(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 on behalf of Coastal Key HOA

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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Current Address

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