

**Cypress Cove "A" at Grandezza Homeowners Association, Inc.**  
**APPLICATION FOR PURCHASE OR LEASE**

- ( ) I hereby apply for approval to **purchase** unit \_\_\_\_\_ in the Cypress Cove "A" Homeowners Association Inc. and for membership in the Condominium Association. **A complete copy of the signed purchase agreement is attached.**
- ( ) I hereby apply for approval to **lease** unit \_\_\_\_\_ in the Cypress Cove "A" Homeowners Association Inc., for the period beginning \_\_\_\_\_ 200\_\_\_\_, and ending \_\_\_\_\_, 200\_\_\_\_. **A complete copy of the signed lease is attached.**

**NOTE:** In A Non-refundable application fee of **\$100.00** must be included with completed application, for either purchase or/a lease. Make check payable to: Cypress Cove "A" Homeowners Association Inc. and return to Vesta Property Services, 27180 Bay Landing Drive Ste 4, Bonita Springs, FL 34135.

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 TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

1. Full name of Applicant(s) \_\_\_\_\_ Age \_\_\_\_\_
2. Full name of Spouse (if any) \_\_\_\_\_ Age \_\_\_\_\_
- SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(For each individual residing in the unit) (For each individual residing in the unit)

Home address \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

3. Business Address & Phone # \_\_\_\_\_

4. The documents of Cypress Cove "A" Homeowners Association provide for the obligation of unit owners that all units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

\_\_\_\_\_

5. Name of current or most recent landlord \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

6. Two personal references (local if possible) **ATTACH TWO LETTERS OF REFERENCE TO THIS APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

7. Two credit references (local if possible)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

8. Person to be notified in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

9. Make of car to be kept at the Condominium during lease term:

Model/Make \_\_\_\_\_ Year \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_

10. Mailing address for notices connected with this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

11. (If this transaction is a **sale**, please circle the number that applies), I am purchasing this unit with the intention to:

(1) reside here part-time (2) reside here on a full-time basis (3) lease the unit

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

12. I am aware of, and agree to abide by the Declaration of Condominium for **Cypress Cove "A" at Grandezza**, the Articles of Incorporation, By-laws and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

13. I understand and agree that the Association, in the event it approves the **lease**, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of Cypress Cove "A" at Grandezza Homeowners Association's by-laws, and the rules and regulations of the Association.

**AUTHORIZATION: I/We hereby authorize Vesta Property Services, LLC and/or Cypress Cove "A" at Grandezza Homeowners Association 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.**

The Association office will advise the prospective purchaser or lessee within a 14-day period from the date of receipt of this application, if this application has been approved.

DATED: \_\_\_\_\_  
Applicant Applicant

DATE: \_\_\_\_\_ APP \_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED

BY: \_\_\_\_\_ Officer or Director



Vested in your community.

239-947-4552, f 239-495-1518  
27180 Bay Landing Drive, Suite 4  
Bonita Springs, FL 34135

[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 (Printed Legibly) Maiden/AKA/Previous Name(s)

\_\_\_\_\_  
Signature

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

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

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

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

\_\_\_\_\_  
State

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

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



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\_\_\_\_\_  
Signature

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

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

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

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

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

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