

**CYPRESS PRESERVE OF LEE COUNTY HOMEOWNERS
ASSOCIATION, INC.**

RENTAL/LEASE APPLICATION

I/We, hereby apply for approval to rent/lease the unit at _____ Cypress Preserve Place Fort Myers, FL 33912, _____ beginning _____ 20____, and ending _____ 20____.
Name of Owner

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

A copy of the lease/rental agreement must accompany the application along with the application fee of \$100.00. Check to be made payable to Cypress Preserve of Lee County Homeowners Association, Inc. and sent to Vesta Property Services 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.

Rental/lease requirement – 90 day minimum.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant _____
Date of Birth _____ Social Security # _____
2. Full name of spouse _____
Date of Birth _____ Social Security # _____
3. Home address _____
Street address City, State and Zip code
4. Telephone: Home _____ Work _____
5. Email address: _____
6. Please state name, relationship and age of all persons who will occupy the residence:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
7. Two personal references (local preferred):
Name _____ Address _____
City, State and Phone _____
Name _____ Address _____
City, State and Phone _____
8. Person to be notified in case of emergency: _____

Address: _____ Phone _____

9. Vehicle info: Year _____ Make _____ Color _____ Plate # _____

10. **Approval of this application will be sent to the owner who is to provide a copy to the renter/lessee.** Owner mailing address for billings and notices connected with application.

Name	Address	City, State and Zip
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Email address: _____

11. Rental Agent/Company: _____
Phone _____

Email address: _____

12. I acknowledge receipt of, and agree to abide by the Association Rules and Regulations. _____
Initials

13. I understand and agree that the Association, in the event it approves this rental/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 Association Rules and Regulations. _____
Initials

Authorization: I/We hereby authorize Vesta Property Services and/or Cypress Preserve of Lee County Homeowners Assoc, Inc. to verify all information contained on this 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 this application.

Applicant _____ **Date** _____

Applicant _____ **Date** _____

* * * * *

Have you attached: _____ Signed application _____ Copy of Lease _____ 2 references
_____ Processing fee (\$100 – Cypress Preserve Homeowners Assoc., Inc.)
_____ Background check fee (\$30.00 per person over the age of 18)

Mail to: Cypress Preserve of Lee County Homeowners Association, Inc.
c/o: Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
239 947-4552 239 495-1518 Fax

() **Application approved** () **Application disapproved**

Director or Agent

Date



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