

Cypress Walk Neighborhood Association Inc.

Application for approval to lease

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

Term of Lease _____ to _____ **Lease minimum 6 months**

Owner Name _____

Address _____

Owner's Cell Phone _____ Daytime Phone _____ E-mail _____

Signature of Owner: _____ Date _____

Name of Primary Applicant: _____

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

Please list all occupants over the age of 18 below:

(2) _____ (3) _____

(4) _____ (5) _____

Current Address _____

City _____ State _____ Zip _____

Contact Phone Numbers: _____

Email Address: _____

Vehicle Make/Model: _____ YR ____ Color _____ Lic # _____

Vehicle Make/Model: _____ YR ____ Color _____ Lic # _____

Vehicle Make/Model: _____ YR ____ Color _____ Lic # _____

A copy of the lease agreement, and a check or money order in the amount of \$100.00 (application fee) made payable to Cypress Walk Neighborhood Association Inc. and copies of valid ID for all applicants over the age of 18. MUST be attached to this application and sent to the association c/o Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135. Phone: 239-947-4552 Fax: 239-495-1518. Approval will not be granted if application is incomplete.

**Cypress Walk Neighborhood Association Inc.
Application for approval to lease**

The information described above must be submitted at least twenty (20) days prior to the intended closing date or starting lease date.

I/We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable. I/We am/are aware of and agree to abide by the Declaration of Covenants, Conditions, and Restrictions of the association and acknowledge that the association may terminate a lease upon default by the tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the association's officers and/or the association's designee.

AUTHORIZATION: I/We hereby authorize Vesta Property Services and/or Cypress Walk Neighborhood Association, Inc., to verify all information contained on the application

Date _____ Applicant Signature: _____

Co-applicant Signature: _____

Applicant do not write below this line

Application Approved By: _____ Date _____

Application Disapproved By: _____ Date _____

Application completed: Yes () No () Application Fees Submitted: Yes () No () Check# _____

Lease attached _____

ENVERA Owner/Renter Registration Form: Yes () No ()

Information verification completed by: _____



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