



Greenwood Villas Townhome Association

**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 Greenwood Villas Townhome Association.**

Copy of Drivers License required or copy of passport for non USA Citizens for each person 18 years of age or older listed on any application.

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:

NAME OF BANK	ADDRESS	PHONE	PERSON TO CONTACT
_____	_____	_____	_____

2) Prior Home Address: _____

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

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:

_____ **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.

_____ **PLEASE INITIAL HERE:** I understand that leases shall be for a term no less than 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.

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.



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