

IBIS POINTE I Condominium Association AT CARLTON LAKES Inc.
Lease Application & Guest Notification Form

This application must be submitted along with a nonrefundable processing fee of \$100.00 made payable to Ibis Pointe I and mailed to the Board of Directors c/o Vesta Property Services at least 20 days prior to the start of any lease of any unit, and at least 7 days prior to the arrival of any family/guests who will reside at Ibis Pointe I for 7 days or longer **if the residents are not at home during visit. There is no application fee required with the notification of family or guests.** Make checks payable to "Ibis Pointe I Condominium Association". **NO NEW TENANTS MAY MOVE INTO IBIS POINTE I WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS, AND NO LEASE MAY BE FOR LESS THAN A 30 DAY PERIOD.** Return all documents to: Vesta Property Services LLC, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.

Unit #: _____ Owners Name _____

Owner's _____ Address _____

Owner's Phone _____ If lease, term (dates) _____

Applicant **Personal Information**

Leasee/Buyer Name _____

Date of Birth _____ SSN _____

Spouse/Co-Applicant Name _____

Date of Birth _____ SSN _____

Vehicles

Year/Make/Model/Color
(1) _____

Year/Make/Model/Color
(2) _____

Will anyone other than those listed above occupy this unit? _____ No _____ Yes

If yes, Names and Ages _____

NO Pets allowed.

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

Residential History

Present Address: _____

How Long: _____

Phone #: _____ Cell #: _____

E-mail: _____

Emergency Contact

Name/Relationship: _____

Address: _____

Phone #: _____ Cell #: _____

References (2) (Please give names, addresses, and phone numbers)

1. Name _____

Address _____

City/State/Zip _____ Phone _____

2. Name _____

Address _____

City/State/Zip _____ Phone _____

Please read the following and sign this application:

- I have received and read a copy of the Ibis Pointe I Declaration of Condominium along with this application and will abide by it.
- I have received and read a copy of the Carlton Lakes Master Association rules and regulations and will abide by them.
- **I understand Ibis Pointe I prohibits all pets for renters.**
- I understand the parking policy and that extra car parking is shared with the adjoining unit. In addition, the garage is for parking of vehicles and is not for storage. (Sec. 8.1) Using the garage for storage negates my use of the guest parking spot for any additional auto I may own.
- I have obtained insurance or have declined insurance and accept all risks.
- I understand that I must turn off the main water valve when I vacate the unit for long than one night.
- I understand that no loud or disturbing noises are allowed after 10:00 p.m.

Applicant's Signature _____

Co-Applicant's Signature _____

Unit Owner's OR Licensed Rental
Agent's Signature _____

Approvals:

Association Manager: _____ Date: _____

Board Member: _____ Date: _____

If application is denied, give reason:



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