



**MANORS OF REGAL LAKE CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR APPROVAL TO LEASE UNIT**

Term of lease _____

Unit owner name _____

Unit address _____

Lessee and co-lessee information (please print)

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

Lessee legal name _____

Date of birth _____ Social Security# _____

Phone # _____ Cell phone # _____

Work phone # _____ E-mail _____

Co-Lessee/spouse legal name _____

Date of birth _____ Social Security# _____

Phone # _____ Cell phone # _____

Work phone # _____ E-mail _____

List all persons who will be in residence _____

Please note that Social Security numbers and dates of birth must be provided for each occupant who is eighteen years of age or older. Please attach another sheet if necessary.

Current landlord or mortgage holder name and phone number _____

Applicant current occupation _____ Phone _____

Co-applicant current occupation _____ Phone _____



Vehicle make/model _____ Yr _____ Color _____ Lic # _____

Vehicle make/model _____ Yr _____ Color _____ Lic # _____

A copy of the lease agreement, two personal reference letters with current phone numbers, and a check or money order in the amount of \$100.00 made payable to Manors of Regal Lake Condominium Association must all be attached to this application and sent to the association in care of Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs 34135. Submission of applications will not be accepted unless all information is submitted.

The information as describe 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 NONREFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS, AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT(S) IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THAT NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND THE ASSOCIATION'S DESIGNEES.

I/WE ACKNOWLEDGE THAT I/WE MAY NOT OCCUPY THE PREMISES PRIOR TO RECEIVING APPROVAL TO DO SO FROM THE ASSOCIATION.

IF, AT ANY TIME DURING THE TERM OF MY LEASE, THE HOMEOWNER BECOMES DELINQUENT IN THE PAYMENT OF ASSESSMENTS TO THE ASSOCIATION, THE ASSOCIATION MAY MAKE A DEMAND UPON ME, AND I WILL FORWARD ALL RENT PAYMENTS AFTER THE DATE OF THE DEMAND TO THE ASSOCIATION UNTIL THE ASSESSMENTS ARE PAID IN FULL, PURSUANT TO FLORIDA STATUTES SECTION 720.3085.

I/WE HEREBY AUTHORIZE THE ASSOCIATION TO CONDUCT SUCH CHECKS OF MY/OUR BACKGROUND AND CREDIT AS IT MAY DEEM NECESSARY AND ADVISABLE.

RENTERS ARE NOT PERMITTED TO HAVE PETS.



**NO COMMERCIAL VEHICLES ARE TO BE KEPT ON THE
PROPERTY**

Date _____ Applicant signature _____

Co-applicant signature _____

A copy of the approved application/certificate of approval should be sent to the following _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved _____ Disapproved _____

By _____ Date _____

Copy of sales contract/lease attached Yes ____ No ____

Copy of two personal references attached with telephone number Yes ____ No ____

Reason for action taken _____



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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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



Gate Form

Name: (Last) _____ (First) _____

CHECK ONE:

Address: _____

Owner Renter

Phone/s: _____

Golf Member # _____

Email: _____

Authorization is given to the Property Management to E-Mail community information

For updates and online forms, please visit www.greaterimperial.info

CHECK ONE

- Abbey on the Lake Bermuda Greens Castlewood Charleston Square Weybridge
- Estates Imperial Gardens The Island Manors Regal Lake Golf Member
- Park Place Park Place West Wedgefield West Gate

VEHICLE INFORMATION:

Add Vehicles:

Remove Vehicles:

Make	_____	_____	_____		
Model	_____	_____	_____		
Color	_____	_____	_____		
State of Registration	_____	_____	_____		
License Plate #	_____	_____	_____		
Smart Pass #	_____	_____	_____		

Permanent Access List

Please indicate the name and status (Occupant (O), Relative (R), Friend (F), or Vendor (V)) of additional occupants, guests or vendors who you authorize permanent access through the front gate to your residence. Attach list if more space is needed. This will keep you from calling in to allow access to these people. Call in-- **Voice server-239-597-2005----** E-Mail **gibsecurity@comcast.net** Call or email within 24 hrs. of arrival. Pass options-1-3-7-or 30 days. If your phone numbers are registered (home or cell) you may call in from anywhere, if not you will be required to use your pin # for access.

Add Guest Names	O	R	F	V		Remove Guest Names	O	R	F	V

Owner/Renter/Member Signature _____ Date _____