

The Lakes at Three Oaks Homeowner Association, Inc.
APPLICATION FOR PURCHASE OR LEASE

() I hereby apply for approval to **purchase** _____ in the Lakewood / Oakmont (Circle One) Homeowner Association Inc. and for membership in the homeowners association. **A complete copy of the signed purchase agreement is attached.**

() I hereby apply for approval to **lease** _____ in the Lakewood / Oakmont (Circle One) Homeowner Association Inc., for the period beginning _____ 20____, and ending _____, 20____. **A complete copy of the signed lease is attached. The term of the lease may not exceed 12 months.**

NOTE: A Non-refundable application fee of **\$100.00** must be included with the completed application for either purchase or a lease. There is an additional fee of **\$30.00** per applicant 18 years of age or over for background checks. Make the check payable to the respective homeowner association and return to Vesta Property Services, 27180 Bay Landing Drive, Ste. 4, Bonita Springs, FL 34135.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below. **Anyone 18 years of age or older must have their name, SS#s, and DOBs listed.**

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

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

1. Full name of Applicant(s) _____ Age _____

SS# _____ Date of Birth _____

2. Full name of Spouse (if any) _____ Age _____

SS# _____ Date of Birth _____

Home address _____

Telephone: Home _____ Office _____

Anyone 18 years of age or older is required to have their Name, Age, SS# and Date of Birth listed.

Full name _____ Age _____

SS# _____ Date of Birth _____

Full name _____ Age _____

SS# _____ Date of Birth _____

3. Business Address & Phone # _____

4. The documents of Lakewood / Oakmont Homeowner Associations provide for the obligation of unit owners that all units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

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

5. Name of current or most recent landlord _____

Address _____

City/State/Zip _____ Phone _____

6. Two personal references (local if possible)

Name _____

Address _____

City/State/Zip _____ Phone _____

Name _____

Address _____

City/State/Zip _____ Phone _____

7. Two credit references (local if possible)

Name _____

Address _____

City/State/Zip _____ Phone _____

Name _____

Address _____

City/State/Zip _____ Phone _____

8. Name of Realtor (if any) _____

Phone No. _____ E-mail _____

9. Make and model of car(s) to be kept at the home (use separate sheet if necessary):

Model/Make _____ Year _____

License No. _____ State _____

Model/Make _____ Year _____

License No. _____ State _____

10. Mailing address for notices connected with this application:

Name _____

Address _____

City/State/Zip _____ Phone _____

11. (If this transaction is a **sale**, please circle the number that applies), I am purchasing this unit with the intention to:
(1) reside here part-time (2) reside here on a full-time basis (3) lease the unit

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

12. I am aware of, and agree to abide by the Covenants, Conditions and Restrictions for **The Lakes at Three Oaks and Lakewood / Oakmont Homeowner Associations**, the Articles of Incorporation, bylaws, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the association rules.

13. I understand and agree that the association, in the event it approves the **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 Declaration of Covenants, Conditions and Restrictions of The Lakes at Three Oaks and Lakewood /Oakmont Homeowner Association's bylaws and the rules and regulations of the association.

AUTHORIZATION: I/We hereby authorize Vesta Property Services, LLC and/or The Lakes at Three Oaks Homeowner Association to verify all information contained on the 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 the application.

DATED: _____
Applicant Applicant

DATE: _____ APP ____ APPROVED ____ DISAPPROVED



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