

PARADISE VILLAGE ON THE IMPERIAL RIVER  
HOMEOWNERS ASSOCIATION, INC.

**LONG TERM (> 29 DAYS) RENTAL APPLICATION FORM**

**INSTRUCTIONS: PROSPECTIVE TENANTS ARE REQUIRED TO OBTAIN THE APPROVAL OF PARADISE VILLAGE HOA. PLEASE COMPLETE THE ATTACHED FORM AND PROVIDE TO:**

Alden K. Williams, CAM Phone: 239-947-4552  
Vesta Property Services Fax: 239-495-1518  
27180 Bay Landing Drive, Suite 4 Bonita Springs, FL 34135 Email: awilliams@vestapropertyservices.com

I/WE HEREBY APPLY FOR APPROVAL TO LEASE \_\_\_\_\_FLAMINGO DR. AT PARADISE VILLAGE HOMEOWNERS ASSOCIATION FOR THE PERIOD BEGINNING \_\_\_\_\_AND ENDING \_\_\_\_\_. (A COPY OF THE PROPOSED LEASE IS ATTACHED).

**AN APPLICATION FEE OF \$125 IS CHARGED TO COVER HOA EXPENSES RELATED TO PROCESSING THIS APPLICATION. PLEASE REMIT CHECK PAYABLE FOR \$125 TO "PARADISE VILLAGE HOMEOWNERS ASSOCIATION INC."**

**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 \_\_\_\_\_  
(Must have "middle initial" or middle name, or Social Security number for required background check)

2. CURRENT HOME ADDRESS \_\_\_\_\_

3. TELEPHONE: (HOME) \_\_\_\_\_  
(CELL) \_\_\_\_\_

4. EMAIL ADDRESS \_\_\_\_\_

5. EMPLOYER \_\_\_\_\_

6. POSITION OCCUPIED \_\_\_\_\_

7. BIRTHDATE \_\_\_\_\_

8. SOCIAL SECURITY NUMBER \_\_\_\_\_

9. DRIV. LICENSE #/STATE \_\_\_\_\_

10. THE HOMEOWNERS DOCUMENTS OF PARADISE VILLAGE HOMEOWNERS ASSOCIATION PROVIDE AN OBLIGATION FOR UNIT OWNERS THAT ALL UNITS ARE FOR SINGLE FAMILY RESIDENCE ONLY. PLEASE STATE THE NAME, RELATIONSHIP, AND AGE OF ALL OTHER PERSONS WHO WILL BE OCCUPYING THE UNIT REGULARLY.

NAME	RELATIONSHIP	AGE (if Minor)
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
\_\_\_\_\_

11. MAKE OF AUTOMOBILE(S) / YEAR / LICENSE NUMBER

\_\_\_\_\_  
\_\_\_\_\_

12. NAME OF CURRENT UNIT OWNER

PHONE

EMAIL

\_\_\_\_\_  
\_\_\_\_\_

13. RENTAL AGENT/COMPANY

PHONE

EMAIL

\_\_\_\_\_  
\_\_\_\_\_

14. I AM AWARE OF AND AGREE TO ABIDE BY THE HOMEOWNERS ASSOCIATION DOCUMENTS / RULES & REGULATIONS. I ACKNOWLEDGE RECEIPT OF A COPY OF THE ASSOCIATION RULES AND REGULATIONS.

(INITIAL) \_\_\_\_\_.

15. I UNDERSTAND AND AGREE THAT THE ASSOCIATION IS AUTHORIZED TO ACT AS THE OWNER'S AGENT, WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION MAY BE REQUIRED. THIS WILL INCLUDE EVICTION AND TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF THE PROVISIONS OF THE GOVERNING DOCUMENTS / THE RULES & REGULATIONS OF THE ASSOCIATION.

(INITIAL) \_\_\_\_\_

16. I HEREBY CONSENT TO PARADISE VILLAGE HOMEOWNERS ASSOCIATION RUNNING A CREDIT OR BACKGROUND CHECK, AND MAY USE THIS INFORMATION TO APPROVE OR DENY APPLICANT'S APPLICATION.

(INITIAL) \_\_\_\_\_

**APPLICANT SIGNATURE**

**DATE**

\_\_\_\_\_  
\_\_\_\_\_

( ) APPLICANT APPROVED

DATE

( ) APPLICANT DISAPPROVED

DATE

ASSOCIATION PRESIDENT / BOARD MEMBER / AGENT

DATE

\_\_\_\_\_  
\_\_\_\_\_



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[VestaPropertyServices.com/sw](http://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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Signature

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number State

\_\_\_\_\_  
Current Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone