

# Plantation Homes Condominium Association, Inc.

## APPLICATION TO LEASE

I hereby apply for approval to lease unit \_\_\_\_\_ in the Plantation Homes Condominium Association, for the period beginning \_\_\_\_\_ 201\_\_\_\_\_, and ending \_\_\_\_\_, 201\_\_\_\_\_. ***A complete copy of the signed lease is attached.***

***NOTE: There is a \$100.00 non-refundable application fee. The fee must be included with completed application to lease. Make check payable to: Plantation Homes Condominium Association, Inc. and return to Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.***

**A copy of Driver's License required or copy of passport for non USA Citizen for each person 18 years of age or older listed on any application in order to obtain background and credit checks.**

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.

### 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) \_\_\_\_\_ Email: \_\_\_\_\_  
SS# \_\_\_\_\_ DOB: \_\_\_\_\_

2. Full name of Spouse (if any) \_\_\_\_\_ Email: \_\_\_\_\_  
SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Home address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Nature of Business or Profession \_\_\_\_\_

4. Company or Firm Name \_\_\_\_\_

5. The documents of Plantation Homes Condominium Association 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.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

6. Three personal references (local if possible)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

7. Person to be notified in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

8. Make of car to be kept at the Condominium during lease term:

Model/Make \_\_\_\_\_ Year \_\_\_\_\_

License No. \_\_\_\_\_ State \_\_\_\_\_

9. Mailing address for notices connected with this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

10. Name of Current Unit Owner: \_\_\_\_\_ Phone \_\_\_\_\_

11. Rental Agent/Company \_\_\_\_\_ Phone \_\_\_\_\_

12. I am aware of, and agree to abide by the Declaration of Condominium for **Plantation Homes Condominium**, the Articles of Incorporation, By-laws and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules. \_\_\_\_\_ (initials)

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 Condominium of Plantation Homes Condominium Association's by-laws, and the rules and regulations of the Association.

14. I understand one pet no more than 25 pounds is allowed at the discretion of the unit owner.

Kind of pet: \_\_\_\_\_ Weight of pet at Maturity: \_\_\_\_\_

**AUTHORIZATION: I/We hereby authorize Vesta Property Services, Inc. and/or Plantation Homes Condominium 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.**

The Association office will advise the prospective purchaser or lessee within a 14-day period from the date of receipt of this application, if this application has been approved.

DATED: \_\_\_\_\_  
Applicant

DATED: \_\_\_\_\_  
Applicant

.....

DATE: \_\_\_\_\_ APPLICATION: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

BY: \_\_\_\_\_ Officer / Director / Agent

**PLEASE INFORM BAY FOREST OF NEW TENANTS**



27180 Bay Landing Drive, Suite 4  
Bonita Springs, FL 34135  
239-947-4552, f 239-495-1518  
info@vestapropertyservices.com

[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