

**Savona at Grandezza Neighborhood Association, Inc.**  
**APPLICATION TO LEASE**

I hereby apply for approval to lease address \_\_\_\_\_ in the Savona at Grandezza Neighborhood Association Inc., for the period beginning \_\_\_\_\_ 201\_\_\_\_, and ending \_\_\_\_\_, 201\_\_\_\_. **A complete copy of the signed lease is attached.**

**NOTE:** A non-refundable fee of **\$100.00** must be included with the completed application to Lease. Make check payable to: Savona at Grandezza Neighborhood Association Inc. 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.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

1. Full name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

2. Full name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

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

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

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

3. Business Address & Phone # \_\_\_\_\_

4. The documents of Savona at Grandezza Neighborhood Association provide for the obligation of unit owners that all homes 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. Please note, a maximum of two unrelated persons may concurrently occupy any home in Savona:

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

5. Name of current or most recent landlord: \_\_\_\_\_

Address \_\_\_\_\_

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

6. Two personal references (local if possible) ***ATTACH TWO LETTERS OF REFERENCE TO THIS APPLICATION***

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. Person to be notified in case of emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**9. Make of vehicle to be kept at the Home during lease term:**

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

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

**10. Mailing address for notices connected with this application:**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

**11. I am aware of, and agree to abide by the Covenants, Conditions and Restrictions for Savona at Grandezza, 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.**

**12. I understand and agree that the Association, prior to approving this lease, must interview me/us. The Association 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, under the provisions of the Covenants, Conditions and Restrictions of Savona at Grandezza Neighborhood Association's by-laws, and the rules and regulations of the Association.**

**AUTHORIZATION: I/We hereby authorize Vesta Property Services, LLC and/or Savona at Grandezza Neighborhood 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.

DATE: \_\_\_\_\_  
Applicant Applicant

DATE: \_\_\_\_\_ APPLICATION: \_\_\_\_APPROVED \_\_\_\_DISAPPROVED

BY: \_\_\_\_\_ Officer or Director