

STORRINGTON PLACE CONDOMINIUM ASSOCIATION, INC.

RENTAL/LEASE APPLICATION

I/We, hereby apply for approval to rent/lease unit # _____ at _____ Storrington Place

_____ beginning _____ 20____, and ending _____ 20____ .

Name of Owner

A copy of the lease/rental agreement must accompany the application along with the application fee of \$100.00. Check to be made payable to Storrington Place Condominium Association, Inc. and sent to Vesta Property Services 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.

Rental/lease requirement – 30 day minimum.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant _____

Date of Birth _____ Social Security # _____

2. Full name of spouse _____

Date of Birth _____ Social Security # _____

3. Home address _____

Street address

City, State and Zip code

4. Telephone: Home _____ Work _____

5. Business or Profession: _____

6. Company or Firm Name: _____

7. Please state name, relationship and age of all persons who will occupy the residence:

Name:	Relationship	Age
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_____	_____	_____
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_____	_____	_____
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8. Two personal references (local preferred):

Name _____ Address _____

City, State and Phone _____

Name _____ Address _____

City, State and Phone _____

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

9. Person to be notified in case of emergency: _____

Address: _____ Phone _____

10. Vehicle info: Year _____ Make _____ Color _____ Plate # _____

11. **Approval of this application will be sent to the owner who is to provide a copy to the renter/lessee.** Owner mailing address for billings and notices connected with application.

Name	Address	City, State and Zip
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12. Rental Agent/Company: _____
Phone _____

13. I acknowledge receipt of, and agree to abide by the Association Rules and Regulations. _____
Initials

14. I understand and agree that the Association, in the event it approves this rental/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 Association Rules and Regulations. _____
Initials

Authorization: I/We hereby authorize Vesta Property Services, LLC and/or Storrington Place Condominium Assoc, Inc. to verify all information contained on this 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 this application.

Applicant _____ **Date** _____

Applicant _____ **Date** _____

Have you attached: _____ Signed application _____ Copy of Lease _____ 2 references

_____ Processing fee (\$100 – Storrington Place Condominium Assoc., Inc.)

Mail to: Storrington Place Condominium Association, Inc.
c/o Vesta Property Services
Attn: Alden K. Williams, CAM
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135 239 947-4552 239 495-1518 Fax
Email: awilliams@vestapropertyservices.com

() **Application approved** () **Application disapproved**

Director or Agent

Date