



Lease Procedures

LEASE APPLICATIONS MUST BE SUBMITTED AT LEAST TWENTY (20) DAYS PRIOR TO THE START OF ANY LEASE AND ALL TENANTS MUST FOLLOW ALL RULES OF THE POINTE:

- NO NEW TENANT MAY MOVE INTO THE POINTE WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.
- USE OF THE UNIT IS LIMITED TO SINGLE FAMILY RESIDENCY.
- OCCUPATION OF THE UNIT IS LIMITED TO LESSEE AND HIS/HER IMMEDIATE FAMILY, ALL OF WHOM MUST BE LISTED BELOW.
- UNIT IS TO BE OCCUPIED BY NO MORE THAN SIX (6) PERSONS. UNITS MAY NOT BE SUBLET.
- A NON-REFUNDABLE PROCESSING FEE OF **\$50.00 MUST BE SUBMITTED PAYABLE TO "THE POINTE AT PELICAN LANDING"** FOR EACH APPLICATION. **A BACKGROUND CHECK IS MANDATORY FOR ALL OCCUPANTS 18 YEARS OF AGE AND OLDER FOR LONG-TERM RENTALS (6 MONTHS OR LONGER). THE BACKGROUND CHECK FEE IS \$30.00 FOR EACH OCCUPANT OVER 18 YEARS OF AGE. PLEASE MAKE YOUR BACKGROUND FEE CHECK OUT TO "THE POINTE AT PELICAN LANDING" AND SUBMIT WITH YOUR APPLICATION.**
- NO LEASE MAY BE LESS THAN A THIRTY (30) DAY PERIOD, AND A UNIT MAY BE LEASED NO MORE THAN FOUR (4) TIMES PER YEAR.
- NO PETS ARE PERMITTED.
- SEASONAL LEASES (11/1 through 4/30) ARE LIMITED TO ONE VEHICLE PER APPLICATION. VEHICLE MUST BE PARKED IN THE GARAGE.
- NO TRUCKS OR RECREATIONAL VEHICLES ARE PERMITTED TO BE PARKED IN THE COMMON ELEMENTS OR COACH HOME DRIVEWAYS.
- LONG-TERM VEHICLES MUST BE PARKED IN THE POOL PARKING AREA.

By signing, I acknowledge that I have read and agree to abide by the above lease procedures.



Proposed Tenant(s): _____

Date: _____

NOTICE OF INTENT TO LEASE

The Pointe at Pelican Landing
Association Name

_____, 20____
Date

Unit Address/Number

Property Owner Name

This notice of Intent to Lease and a fully executed copy of the related Lease must be accompanied by a check in the amount of **\$50.00** made payable to The Pointe at Pelican Landing and returned to the Association's Board of Directors, c/o Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL. 34135.

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I/(we) hereby serve notice, as Owner(s) or Agent of the above referenced unit, I/(we) intend to offer said unit for lease in accordance with the attached Lease agreement

Unit is to be leased for the period beginning _____ and ending _____
at \$ _____ per month.

I/(we) understand and hereby agree that I/(we) am/are fully responsible for ensuring that my/(our) lessee(s) and their guests abide by the Association's Declaration of Covenants and Rules and Regulations. I/(we) further agree to provide said Lessee(s) with copies of same.

Unless you notify me to the contrary within 45 days from receipt of this completed notice and attachment, I will advise Lessee that the attached lease has been approved.

Mailing address for response _____



THIS SECTION TO BE COMPLETED BY THE LESSEE
The Board will not accept partially completed forms

I/We intend to lease unit number /address _____

For the period beginning _____, and ending _____

In order for you to facilitate consideration of my/our application for Lease of the above designated unit, I/we understand that any falsification or misrepresentation of the information contained herein will result in automatic rejection of this application. I/We consent that you may make further inquiries concerning this application, particularly of the references given below.

I/We understand and will be bound by the Governing Documents of the Association including those applicable to both the unit and common property.

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

Name of Lessee :(1) _____

Occupation _____ Phone # _____

Employer: _____ How Long? _____

Birth Date: _____ SSN: _____

Name of Lessee :(2) _____

Occupation: _____ Phone # _____

Employer: _____ How Long? _____

Birth Date: _____ SSN: _____

Name and Address of present Landlord(if applicable) _____

_____ Phone# _____

The following person(s), in addition to the Lessee(s) will occupy the unit:

Name: _____ Relationship _____ Birth Date _____ SSN: _____

Name: _____ Relationship _____ Birth Date _____ SSN: _____

Name: _____ Relationship _____ Birth Date _____ SSN: _____

Name: _____ Relationship _____ Birth Date _____ SSN: _____



List two (2) personal references (local if possible):

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Automobile/Vehicle Information:

Make _____ Model _____ Year _____ Tag# _____

Make _____ Model _____ Year _____ Tag# _____

Person to be notified in case of Emergency: (PLEASE PRINT)

Name _____

Address _____ **Phone** _____

I/We understand that any violation of the terms, provisions, conditions and covenants of the Association documents provides cause for available immediate action as therein provided or termination of the lease under appropriate circumstances.

Dated this _____ day of _____, 20__

Signed _____
Lessee

Signed _____
Lessee



THIS SECTION FOR ASSOCIATION USE ONLY (Will be forwarded to PLCA)

Processing fee received \$_____ Lease attached YES/NO

Approved___Disapproved___ Date_____, 20__.

By:_____ Title:_____

Owner:

Tenant:

Leased Property address: _____

Lease dates: From: _____ To: _____

Notes: _____



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



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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.

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Current Address

(_____) _____
Phone