

**THORNBERRY II OF LEGENDS CONDOMINIUM ASSOCIATION INC.
LEASE APPLICATION AND GUEST NOTIFICATION**

This application must be submitted with a nonrefundable processing fee of \$50.00 made payable to Thornberry II of Legends Condominium Association, Inc., c/o Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135, (239) 947-4552, Fax (239) 495-1518, at least twenty (20) days prior to the start of any lease and at least seven (7) days prior to the arrival of any family or guests who will reside at Thornberry II for seven (7) days or longer, **if the owners are not at home during the visit. There is no application fee required with the notification of family or guests.**

NO NEW TENANTS MAY MOVE INTO THORNBERRY II WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS, AND NO LEASE MAY BE FOR LESS THAN A THIRTY-DAY (30-DAY) PERIOD.

Owner _____

Owner Address _____

Owner's Phone _____ Owner's E-mail _____

Lease Term Dates: From _____ To _____

Lessee Information

Applicant Name _____

Spouse/Co-applicant Name _____

Present Address _____

Phone _____ E-mail _____

Will anyone other than those listed above occupy this unit on a regular basis? Yes _____ No _____

List all others who will occupy the residence on a regular basis.

Name _____

Name _____

Name _____

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

Vehicles

Year/Make/Model/Color _____

Year/Make/Model/Color _____

References. Please provide names, addresses, and phone numbers of two personal references (not family members)

Name _____ Phone _____

Address _____

City/State/Zip _____

Name _____ Phone _____

Address _____

City/State/Zip _____

Emergency Contact

Name _____ Phone _____

Address _____

City/State/Zip _____

Relationship _____

Agent

Real Estate Company _____

Agent Name _____

Phone No. _____ E-mail _____

PLEASE READ THE FOLLOWING AND SIGN THIS APPLICATION

I have received and read a copy of the Thornberry II of Legends Condominium Association's Rules and Regulation and Use Restrictions. I understand the Rules & Regulations and Use Restrictions and agree to abide by them as long as I reside at Nottingham Estates. I understand that failure to do so could be cause for eviction.

Applicant's Signature _____ Date _____

Co-applicant's Signature _____ Date _____

Approval

Association Manager _____ Date _____

Board Member _____ Date _____

If application is denied, give reason _____
