

**VANDERBILT SURF COLONY I**  
**APPLICATION FOR APPROVAL OF**  
**SALE OR LEASE OF CONDOMINIUM UNIT**

TO: The Board of Directors of Vanderbilt Surf Colony Condominium Phase I, Association, Inc.

[ ] I hereby apply for approval to purchase unit \_\_\_\_\_ in The Vanderbilt Surf Colony Section I, a Condominium, and for membership in the Condominium Association. A complete copy of the signed purchase agreement is attached.

[ ] I hereby apply for approval to lease unit \_\_\_\_\_ in The Vanderbilt Surf Colony Section I, a Condominium, for the period beginning \_\_\_\_\_, 20\_\_, and ending \_\_\_\_\_, 20\_\_. A complete copy of the signed lease is attached.

(Please check appropriate box.)

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below and an investigation into my background.

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

1. Full name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Full name of Spouse (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
Telephone: Home: ( ) \_\_\_\_\_  
Business: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_
4. Social Security number of Applicant: \_\_\_\_\_  
Social Security number of Spouse: \_\_\_\_\_
5. Nature of Business  
or Profession. \_\_\_\_\_  
If retired, former  
business or profession. \_\_\_\_\_
6. Company or Firm name \_\_\_\_\_
7. Business address \_\_\_\_\_
8. The condominium documents of The Vanderbilt Surf Colony Section I, a Condominium, restrict units to use as single family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

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

9. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

10. Two personal references (local if possible)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone( ) \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

11. Two credit references (local if possible)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Account Number: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Account Number: \_\_\_\_\_

12. Person to be notified in case of emergency:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

13. Motor vehicle to be kept at the Condominium:  
Model/Make: \_\_\_\_\_ Year: \_\_\_\_\_  
License Number: \_\_\_\_\_ State: \_\_\_\_\_

14. Mailing address for notices connected with this application:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_

15. *If this transaction is a sale, please circle the number that applies:*  
I am purchasing this unit with the intention to:  
(1) reside here on a full-time basis;  
(2) reside here part-time  
(3) lease the unit.

I (We) will provide the Association with a copy of our recorded deed within ten days after closing.

16. I am aware of, and agree to abide by the Declaration of Condominium of The Vanderbilt Surf Colony Section I, a Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules.

17. *If this transaction is a lease*, I understand and agree that the Association, if it approves a 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 The Vanderbilt Surf Colony Section I, a Condominium, the Association's Bylaws, and the rules and regulations of the Association.

The prospective purchaser or lessee will be advised by the Association office within a 20 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved. If this transaction is a lease, this application must be signed by the applicant and by the realtor or other person who acted as rental agent for the unit owner.

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

A check for \$100.00, payable to Vanderbilt Surf Colony Condominium Phase I, Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application.

As the rental agent for the unit owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

\_\_\_\_\_  
Realty Company (if applicable)

\_\_\_\_\_  
Signature of rental agent

\_\_\_\_\_  
Phone number of rental agent

\_\_\_\_\_  
Print name of rental agent

APPLICATION APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

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

BY: \_\_\_\_\_  
Officer of Director



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