

Application for Approval to Lease
Vista III at Heritage Bay Condominium Association

Current Owner: _____ Signature: _____

Email: _____ Telephone _____

Mailing address: _____

Please attach a copy of the signed lease agreement.
The application will not be processed without submission of the lease agreement.

I hereby apply for approval to Lease _____
(Address to be leased)

Lease will be from: _____ to _____
Date Date

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

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 is disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

I understand tenants are not permitted to have pets

Tenant 's Signature Owner's Signature

Please type or print information below:

1. Full name of Applicant _____ Email _____
a. SS# _____ DOB _____
2. Full name of Spouse (if any) _____ Email _____
a. SS# _____ DOB _____
3. Current home address _____
4. Telephone Number _____ Cell _____ Work _____
5. Place of Employment _____
6. Employment Address _____

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name: _____ Relationship _____

Name: _____ Relationship _____

7. Person to be notified in case of emergency:

Name: _____

Address: _____

City/State/Zip: _____

8. Make of car(s) to be kept at the residence:

Make _____ Model _____ Year _____

License No. _____ State _____ Color _____

Make _____ Model _____ Year _____

License No. _____ State _____ Color _____

9. Alternate address for notices connected with this application:

Name: _____

Address: _____

City/State/Zip _____

10. I/we understand that tenants may not have pets _____ initial.

11. I (we) have attached a copy of the signed lease agreement.

12. I (we) am/are aware of, have received a copy of, and agree to abide by the Declaration of Covenants, By-laws and Rules & Regulations for Vista III at Heritage Bay Condominium Association, Inc.

(Print Name)

(Print Name)

(Signature)

(Signature)

Applications may take up to twenty (20) days to process. A copy of the approved application will be mailed or emailed to the owner and/or applicant. **I/We consent to the further inquiry by the Board of Directors of Vistas III Condominium Association and/or its agent, including a background check.**

There is a **\$100.00 non-refundable application fee** and a **\$50.00 background and credit check fee for each person over the age of 18 listed on any application** -- make check payable to "Vistas III at Heritage Bay." Mail this completed application, lease agreement and check to:

**Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135**

_____ Application Approved

_____ Application Denied

Date _____

VISTA COMMONS AT HERITAGE BAY
RULES AND REGULATIONS ADDENDUM

_____ I understand that the Vista at Heritage Bay is a deed restricted community and there are by-laws that govern the community. All residents must abide by these whether owner, tenant or guest. I further understand that I'm responsible for the actions of any visitor or guests of mine.

_____ I understand that satellite dishes require prior approval and must NOT be installed in the Stucco or any building without approval of the Vista Commons.

_____ I understand that the parking lot is for residents only and occasional overnight guests. It's a **PERMIT ONLY LOT** and vehicles are inventoried and subject to towing at the owner's expense if not registered with the association. I understand that my vehicle is to be free of leaks that in the event that my vehicle leaks mechanical fluid on the pavement it will become the owner's financial responsibility to cure it. I understand that the car repairs (outside of an emergency battery jump or flat tire) are restricted. **Vehicle washing is also prohibited at any time.** ANY temporary vehicles or guests parking in the parking lot - **MUST** email heritagebayvistas@gmail.com and request a temporary permit or their vehicle is subject to being towed at the owner's expense.

_____ I understand that the lanai is for patio items only. There should never be reptiles, fish, birds, storage boxes, couches, recliners, garbage cans, bottles, trash, or grills. Drying clothing or towels is also restricted on the outside of any unit, doorway or lanai.

_____ I understand that the pool is a common area for everyone to enjoy and restricts smoking, eating, drinking alcohol, grills, coolers within 25 feet of the pool enclosure. I'm further responsible for the actions or damages of any guest or visitor that I invite there including patio furniture. **SMOKING IS NOT ALLOWED WITHIN 25 FEET OF THE POOL or ITS closure.**

TENANTS ARE RESTRICTED FROM KEEPING DOGS (or pets) AT THE VISTA COMMUNITY. If it's reported that I have a dog (or pet) on the property, keep a dog for a short period, including any guests that bring their dog (or pet) on the property – I understand that the association can exercise its right to REVOKE my lease and provide notice to vacate the unit. Owners acknowledge that I've informed my tenant of the rules/regulations related to the PET/DOG restrictions for my tenant(s).

_____ I understand that the lake within the community is not for swimming, tubing, boating or wading. I further understand that alligators are frequently present and it's a violation of federal law to feed them.

_____ I understand that the landscaping is a common area and I'm restricted from altering the plant bed in anyway. Should I need to add mulch it will need to be the exact material that's there. Cutting down trees or removing plants is strictly prohibited and should this happen the owner of the unit will be charged back to restore it back to its original condition.

_____ I understand that if I'm a tenant that subleasing isn't allowed and occupants not on the lease can't live in the unit. Should the occupant change it will require that person a background/credit/tenant screening for any person over the age of 18 with a full application and fee paid.

_____ I understand that I need to instruct my children or children of my guests to never touch or go near fire safety equipment. I'm restricted from playing ball in or around the parking lot, no horseplay in the landscape beds, on or around dumpsters and or enclosures. I understand that children 12 and under MUST be accompanied by an adult over the age of 18 before going into the pool enclosure. I further understand that I'm responsible for the conduct of my children, or any GUESTS. Should anyone coming from my unit, including my children become unruly or a nuisance to others – **I understand that the association can exercise its right to REVOKE my lease and provide a notice to vacate the unit.**

SIGNED _____ PRINT NAME _____ DATE _____

SIGNED _____ PRINT NAME _____ DATE _____

ADDRESS _____ Gervais Circle - Unit # _____ NAPLES, FL 34120

OWNER OCCUPANT – YES/NO- TENANT – YES/NO

OWNER SIGNATURE _____ PRINT NAME _____ DATE _____

Vista Commons at Heritage Bay
APPLICATION FOR PARKING PERMIT

ADDRESS _____ Gervais Cir. Unit _____ Naples, FL 34120.

CURRENT OWNER:

Owner TEL _____ Owner Email _____

PROPERTY MANAGER _____ Tel _____

EMAIL _____

APPLICANTS NAME _____ CELL _____

EMAIL _____

LEASE DATES / CLOSING DATE:

VEHICLE #1 MAKE _____ MODEL _____ YEAR _____ COLOR _____ PLATE #/STATE _____.

VEHICLE #2 MAKE _____ MODEL _____ YEAR _____ COLOR _____ PLATE #/STATE _____.

_____ I understand I'm to park my vehicle in my assigned unit spot – and that any additional vehicle owned has to be parked in "first come/first serve basis" guest spot. One permit issued per vehicle – max of TWO permits (including motorcycles).

_____ I understand that I'm **NOT** to park my vehicle on the curb, on the grass, in front of fire service equipment or park blocking other parked cars in their spots. I understand that if I do that my vehicle is subject to being towed at my own expense.

_____ I understand that if I have an overnight guest or out of town guest it's up to me to email the association and inform in detail of my guest and the duration of their stay. I will then receive a written guest pass effective for those dates. I further understand that if I fail to do this that my guest's vehicle may be subject to being towed. Email Heritagebayvistas@gmail.com for a guest parking permit; 4-7 days prior to their arrival.

_____ I understand the washing my vehicle is prohibited under any circumstances.

_____ I understand the car repairs including oil changes, fluid changes of any kind, car repairs outside of changing a tire or jumping a battery is prohibited at all times. Should my vehicle ever leak fluids in any parking spot I become responsible for curing the damage to the asphalt.

_____ I further understand that if my vehicle is illegally parked in a handicapped spot without a valid handicapped placard displayed that I'm not only subject to a \$250 ticket by the local sheriff but my vehicle is subject to being towed at the vehicle owner's expense. I also understand that my vehicle **MUST** maintain current license and registration in which ever State it's registered in.

_____ I certify that I have read the above parking restrictions and I agree to abide by the rules and regulations set forth. I also understand that my vehicle is subject to being towed and costs for this will be my responsibility. I understand that any damage to my vehicle while being parked with in the Vista Commons parking lot becomes my own responsibility and the Vista Commons Association is held harmless.

Vehicle Owner – PRINT NAME _____

Signature: _____ DATE _____

INSTRUCTIONS FOR GETTING A PARKING PERMIT/BAR CODE: EMAIL: Heritagebayvistas@gmail.com Amy Riccio coordinates the parking permits - and she will make an appointment with you to obtain your parking permit and bar code.

TEMPORARY GUEST PARKING PERMIT: If you need a temporary guest parking permit – please email Heritagebayvistas@gmail.com with the dates of your GUESTS stay and we will issue temporary permit via email for your guest to display on the dash. Please allow 48 HOURS in ADVANCE for the PERMIT TO be emailed to you.



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



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