

IBIS POINTE III CONDOMINIUM ASSOCIATION AT CARLTON LAKES INC
LEASE APPLICATION & GUEST NOTIFICATION FORM

This application must be submitted along with a non-refundable processing fee of \$100.00 to the Board of Directors c/o Vesta Property Services at least 20 days prior to the start of any lease of a unit and at least 7 days prior to the arrival of any family/guests who will reside at the Ibis Pointe III unit for 7 days up to a maximum of 14 days. There is no application fee required with the notification of family or guests.

PLEASE ATTACH COPIES OF ALL OCCUPANTS' DRIVERS LICENSES AND A COPY OF THE SIGNED LEASE BETWEEN THE OWNER AND THE LESSEE. MAKE CHECKS PAYABLE TO THE "IBIS POINTE III CONDOMINIUM ASSOCIATION".

NO NEW TENANTS MAY MOVE INTO IBIS POINTE III WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS AND NO LEASE MAY BE FOR LESS THAN A 30 DAY PERIOD OR FOR MORE THAN A ONE YEAR PERIOD. LEASES MAY NOT BE EXTENDED OR RENEWED WITHOUT PRIOR BOARD APPROVAL. "NO PETS ARE PERMITTED IN LEASED UNITS".

Please return all completed documents to: Vesta Property Services 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135.

Unit Address: _____ Owner: _____

Owner's Phone: _____ Owner's Email _____

Term of Lease: _____

Lessee Name: _____ S.S.# _____ Birth Date _____

Phone Number: _____ Email address: _____

Co-Lessee Name: _____ S.S.# _____ Birth Date _____

Phone Number: _____ Email Address: _____

Vehicles(year/make/model/color): _____
(Max. of 2 vehicles per unit) _____

Will anyone other than those listed above occupy this unit: Yes _____ No _____
If Yes, whom? _____

Place of Employment(if applicable)

Lessee Residential History:

Present Address: _____

How Long _____

If Rental – Contact/Phone No. _____

Emergency Contact:

Name: _____

Relationship _____

Address _____

Phone _____

Please provide 2 References:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Please read the following and sign this application:

I have received and read a copy of the Ibis Pointe III Rules and Regulations along with this Application. I have also received a copy of the Lease Rules and Regulations and agree to abide by all of these requirements as long as I reside at Ibis Pointe III and understand that failure to do so could be cause for eviction.

Applicant's Signature: _____

Co-Applicant's Signature: _____

***Unite Owner's OR Licensed
Rental Agent's Signature:*** _____

Approvals:

Association Manager: _____ ***Date*** _____

Board Member: _____ ***Date*** _____

If application is denied, give reason:



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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