

PARK PLACE WEST ASSOCIATION



Application for Approval to Lease a Villa

I/We hereby apply for approval to lease Lot Number in **Park Place West**, for the period beginning, 20..... and ending, 20..... A complete copy of the signed '**Lease Agreement**' is attached. **(NB. Minimum Period: 3 Months. Maximum Period: 12 Months)**

Applicant is an active member of the United States Armed Forces? Yes_____ No _____

In order to facilitate consideration of this application, I/We 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/We 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

Applicant's Full Name:.....Date of Birth.....

Social Security No.....Driver License No.....

Spouse's Full Name:.....Date of Birth.....

Social Security No.....Driver License No.....

Home address:

(Include complete address, city, state & zip code)

Telephone Numbers: Home: Work:

Cell: Email:

Nature of Business/Profession:.....

(If retired, list former business or profession)

Company/Firm Name:

Company/Firm Address:

(Include complete address, city, state & zip code)

The documents of **Park Place West Association Inc.** (which are available in full detail on our website www.parkplacewest.com) restrict the use of units as **single family residences** only. Please state the name and relationship of all other persons, other than the applicant(s), who will be occupying the unit on a regular basis. For all **over the age of 18 years**, please provide the same 'Personal Information' as for the main Applicant and Spouse above.

Name: Relationship:Age.....

Name: Relationship:Age.....

Name of current or most recent Landlord (if applicable)

Landlord's Address:

Landlord's Telephone Number:

Two personal references (local if possible):

Name:

Address:Phone.....

Name:

Address:Phone.....

(Include complete address, city, state & zip code for both references)

Two credit references (local if possible):

Name: Account Number:

Address:Phone.....

Name: Account Number:

Address:Phone.....

(Include complete address, city, state & zip code for both references)

Make/Model/Year & License Number of Vehicle(s) to be kept at the Villa:

.....

I/We am/are aware of and agree to abide by the Declaration, Articles & By-Laws of the Association (as represented on the Association’s website www.parkplacewest.com) and any/all properly promulgated rules and regulations.

Dated..... **Signed**.....

A check for \$200.00 payable to Park Place West Association, Inc. must accompany this application, along with a copy of the contract, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application. Please remit payment, application(s) and contract to: VESTA PROPERTY SERVICES, 27180 BAY LANDING DRIVE, STE. 4, BONITA SPRINGS, FL 34135.

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 Park Place West, including the termination of the lease and removal of the tenant.

Rental Agent’s Name..... **Signature**.....

Address..... **Phone**.....

The prospective lessee will be advised by the Association Office, within a **10 DAY PERIOD** from the date of receipt of application and all information and references requested, as to whether it has been approved (or not).

Approved

Disapproved.....

By:

Date:

HOA Director or Manager



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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Driver License Number State

Current Address

(_____) _____
Phone