

Colony Lakes

Property Association, Inc.
c/o Hayden & Associates
12650 Whitehall Drive
Fort Myers, Florida 33907
Ph: 239-489-4890 Fax: 239-489-4980

Lease Application

6 Month Minimum Rental Period

This application must be submitted along with a non-refundable processing fee of \$100.00 to the Board of Directors via Hayden & Associates. A minimum of 10 days processing time is required prior to the start of any lease. A copy of the lease must be included with the application, a copy of each applicant's driver's license and a background check will need to be submitted for all applicants. Make checks payable to Hayden & Associates.

NO NEW TENANTS MAY MOVE INTO COLONY LAKES WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.

Unit # _____ Owner _____

Owner's Address _____

Owner's Phone # _____

Owner's Email: _____

Lease Dates: _____

Personal Information:

Applicant

Spouse/Co-Applicant

Tenant(s) Names: _____

Phone Number(s): _____

Email Address: _____

Vehicle (s): _____

Year/Make/Model _____

Employment Information:

Occupation(s)(if retired, former occupation): _____

Company: _____

Company Address: _____

Company Phone #: _____

Rental Agent Information:

Name of Real Estate Agent: _____

Real Estate Company Name: _____

Address: _____

Phone #: _____ Email address: _____

Additions Information:

Will anyone other than those listed above occupy this unit? _____ No _____ Yes

If Yes, whom? _____

Relationship: _____

Pets? If yes, what? _____

Residential History:

Present Address: _____

How long? _____ Phone Number: _____

Emergency contact:

Name/Relationship: _____

Address: _____

Phone Number: _____

References: (2) – Please give names, addresses, and phone numbers:

1. _____

2. _____

Please read the following and sign this application:

1. I have received and read a copy of the Colony Lakes Property Association’s Rules and Regulations and Use Restrictions, along with this application. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside at Colony Lakes.
2. I understand and agree that the Association, in the event a unit is leased, 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.
3. In order to facilitate the consideration of this application, I (we) affirm that the information is factual and true, that any falsification or misrepresentation of the facts in the application will justify is automatic rejection.

Applicant Signature _____ SS# _____

Co-Applicant Signature _____ SS# _____

APPLICATION: APPROVED: _____ **DENIED:** _____

Board Member/Agent: _____ Date _____

If application is denied, give reason: _____