

Casa Di Fiori

Condominium Association, Inc.

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

Lease Application

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 15 days processing time is required prior to the start of any lease or sale closing. A copy of the lease/sales contract must be included with the application and a copy of each applicant's driver's license. Applicant will be responsible for submitting a national background check on all applicants over the age of 18 yrs. Make checks payable to Hayden & Associates.

**** A refundable security deposit in the amount equal to one (1) month's rent is required for all rental properties from the owner. ****

NO NEW TENANTS OR OWNERS MAY MOVE INTO CASA DI FIORI WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.

Address & Unit # _____

Present Owner _____ Phone # _____

Owner's Address _____

Personal Information: Applicant Spouse/Co-Applicant

Tenant/Buyer(s) Names: _____

Email Address: _____

Vehicle (s): _____

Year/Make/Model _____

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

If Yes, whom? _____

Pets (limit 2 pets per unit, not to exceed 25lbs) ? If yes, Breed & Weight?

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:

I have received and read a copy of the Casa Di Fiori Association's Rules and Regulations, Use Restrictions, and ByLaws, along with this application. I understand these Rules, Regulations, Use Restrictions, ByLaws, and agree to abide by them as long as I reside at Casa Di Fiori. I understand that this is a Deed Restricted Community. Also, I am aware that a refundable security deposit in the amount equal to one (1) month's rent is required for all rental properties.

Applicant
Signature _____ DOB: _____
Co-Applicant _____ DOB: _____

Approval:

Board Member/Agent: _____ Date _____

If application is denied, give reason: _____

***Approval will be based on the Condition that all Outstanding Monetary Obligations Due and Owing to Association are Paid in Full ***