

Lely Pines Condominium Association, Inc. Lease Application

C/O Hayden & Associates

12650 White Hall Drive

Ft. Myers, FL 33907

Phone 239-489-4890 FAX 239-480-4980

(Lease must be no shorter than 30 days or longer than 1 year)

(All information must be printed and legible)

The application must be submitted with a non-refundable processing fee of \$100.00 to the Board of Directors -- check made out to Hayden & Associates. A copy of all driver's license and national criminal background checks for persons 18 years of age or older living in the unit must be submitted along with a copy of the leasing agreement, too.

The application must be approved 20 days prior to signing of the lease. Approval at the discretion of the Board.

Falsification of any information will result in automatic rejection.

****All proposed tenants may be interviewed by the Board of Directors****

Unit #: _____ Owner: _____ Phone Number: _____

Lease Dates: From: _____ To: _____ Rental Amount: \$ _____

Lease Signatory #1: _____ Phone #: _____
Email: _____

Lease Signatory #2: _____ Phone #: _____
Relationship to Signatory #1? _____
Email: _____

Vehicle Information (2 cars maximum)

Car 1: Year/Make/Model/License Plate #
_____/_____/_____/_____

Car 2: Year/Make/Model/License Plate #
_____/_____/_____/_____

Insurance Co. _____ Policy # _____

(No more than a total of 6 (six) people may live in a unit.)

Additional Residents:

1. Name _____ Age _____ Relationship: _____
2. Name _____ Age _____ Relationship: _____
3. Name _____ Age _____ Relationship: _____
4. Name _____ Age _____ Relationship: _____
5. Name _____ Age _____ Relationship: _____

Emergency Contact:

Name: _____ Phone Number: _____

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References:

Name:

- 1. Name _____ Phone Number: _____
- 2. Name _____ Phone Number: _____

Acceptance of Lely Pines Condominium Association lease terms:

- 1. The owner has provided me (us) with a copy of the Lely Pines Condominium Association's Rules and Regulations. Initial ____/____
- 2. I (We) have read, understand, and will follow the the Rules and Regulations. Initial ____/____
- 3. I understand and agree that the Association is authorized to act as the Unit owner's agent with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees, tenants, and guest. Initial ____/____
- 4. I understand I am guaranteed parking for only one (1) automobile.

I affirm that all information provided is current and true. Falsification of any information will result in automatic rejection.

Lease Signatory #1 Signature _____ Date _____

Lease Signatory #2 Signature _____ Date _____

Owner or Owner Representative

I affirm that all information provided is current and true. Falsification of any information will result in automatic rejection.

_____ Date _____

Date received by Hayden & Associates _____ Receiver's Initials _____