

River Club at Port Charlotte

Homeowners 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 ****\$250.00 to the Board of Directors via Hayden & Associates. A minimum of 15 days processing time is required prior to the start of any lease. Make checks payable to Hayden & Associates.**** Please note that the application fee includes (2) background checks. Additional background checks are \$60.00 each and are required for all parties listed on the lease 18 years or older.

NO NEW TENANTS MAY MOVE INTO RIVER CLUB OF PORT CHARLOTTE WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS. IN ADDITION, NO LEASE MAY BE FOR LESS THAN 180 CONSECUTIVE DAYS.

LEASED UNIT ADDRESS _____

UNIT OWNER INFORMATION

NAME: _____

PERMANENT ADDRESS: _____

EMAIL ADDRESS: _____

PHONE () _____ FAX () _____

LEASE DATE FROM _____ TO _____

APPLICANT(S) NAME(S) _____

APPLICANT #1SS# _____ DOB: _____

APPLICANT #2 SS#: _____ DOB: _____

PRESENT ADDRESS: _____

Vehicles Year/Make/Model: _____

Pets? If yes, what breed & weight? _____

EMAIL ADDRESS _____

PHONE () _____ FAX () _____

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

If yes, whom? _____

Emergency contact:

Name/Relationship: _____

Address: _____

Phone#: _____

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 River Club at Port Charlotte 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 River Club at Port Charlotte. If leasing, I understand that failure to do so could be cause for eviction.

Applicant’s Signature: _____ Date _____

Co-Applicant’s Signature: _____ Date _____

I, as the property owner, understand that I am responsible to the Association for any damage to common areas that are result of the actions of my tenants.

Unit Owner’s or Licensed Rental
Agent’s Signature: _____ Date _____

Approval:

Board Member/Agent: _____ Date _____

If application is denied, give reason: _____

Comments: _____

Items required for Lease review and processing:

- Fully executed application
- Copy of the lease attached to the application
- Fee of \$250