

Forest Lakes Condominium Association
1058 Forest Lakes Drive
Naples, FL 34105

Thank you for your interest in leasing within the Forest Lakes Condominium Association. In order for us to process your application, please complete the attached Lease Application and background check form.

Since we are a 55+ community, we do require proof of age. Please submit a copy of your driver's license, passport, **or** birth certificate so we can make this verification.

Please return your completed forms and processing fees to Forest Lakes. Submitting all of the necessary documentation at the same time will avoid delays in processing.

You will be notified in writing once your application has been approved by the Board of Directors.

We look forward to having you as stay at Forest Lakes!

**Forest Lakes Condominium Association, Inc.
55+ Community**

CHECKLIST for LEASE OF UNIT

EFFECTIVE AUGUST 1, 2021

Owner: _____ Tenant: _____

Owner contact number: _____

Phase #: _____ Building: _____ Unit #: _____ Lease Period: _____

- 1. At least 20 days prior to occupancy, complete and return the Application for Approval to Lease form signed by all parties.
- 2. Include proof of age - birth certificate, driver's license, or passport
- 3. Include a copy of the lease agreement signed by all parties.
- 4. Submit a check payable to **Forest Lakes Condominium Association, Inc.** in the amount of **\$150.00** for the **non-refundable** processing fee. This fee does not apply to the first annual renewal if the lease is submitted prior to the expiration of the current lease.
- 5. The applicants must complete the applicable screening forms for the required background check. Owners - this must be included with the application.
 - United States – one part.
 - Canadian – Two parts, also must include two government issued ID's and the bottom of the application must have a witness signature.
- 6. Please initial below indicating you have received and read The Forest Lakes Rules and Regulations. Initials: _____

The Forest Lakes Board of Directors will review the lease application. Once approved, a Notarized Certificate of Approval of Lease and Occupancy form will be issued.

Note: Please submit the processing fee and all required documentation at the same time to avoid delays.

APPLICATION FOR APPROVAL TO LEASE A CONDOMINIUM UNIT

FOREST LAKES CONDOMINIUM ASSOCIATION, Inc.

1058 Forest Lakes Drive, Naples, FL 34105
Office: 239-261-5497 | Fax: 239-261-7969

Date: _____

Lease Period: _____

I (We) do hereby apply for approval to Lease Building # _____ Unit # _____
Forest Lakes Drive, in Forest Lakes Condominium Association, Inc.

A copy of the proposed Lease is attached.

Current Unit Owner's name: _____ E-mail Address: _____

An owner intending to lease their unit, shall give to the Board of Directors, or its designee, written notice of such intention at least twenty (20) days prior to the first day of occupancy.

No lease shall be for a period longer than one (1) year, and no option for the lease to be extended or renewed will be permitted. A unit may be leased no more than three (3) times during a calendar year and the minimum lease term is thirty (30) days.

In order to facilitate consideration for this application, I (we) represent that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my (our) background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant _____
Date of Birth _____
2. Full name of Co-Applicant _____
Date of Birth _____
3. Current Mailing Address _____
City, State & Zip code _____
Home: (____) _____ Cell: (____) _____ Fax: (____) _____
Work: (____) _____ Email: _____
4. Applicant's Employer and/or Profession _____
Active _____ Retired _____
5. Have you been a resident or overnight guest in Forest Lakes previously? Yes _____ No _____
List unit owner name and dates of occupancy? _____
6. Driver's License #: _____ State: _____ Expires: _____

7. The Condominium Documents of Forest Lakes Condominium Association, Inc. a condominium, Restricts units to use as single-family residence only.

Please state the name, relationship and age of all other persons who will be occupying the apartment unit regularly. (Also deemed Applicants)

| <u>Name</u> | <u>Relationship</u> | <u>Date of Birth</u> |
|-------------|---------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8. Overnight visitation by minors is prohibited except for annual leases.

9. Pets are not permitted at Forest Lakes Condominiums.

10. Two personal references (local if possible)

Name _____ Address _____

City/State _____ Zip _____ Phone (____) _____

Name _____ Address _____

City/State _____ Zip _____ Phone (____) _____

11. Person to be notified in case of an emergency: _____

Address: _____ Phone: _____

I am aware of and agree to abide by the Declaration of Condominium of Forest Lakes Condominium Association, Inc., a Condominium, the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy. If this application is approved, I (we) understand and agree that any future guest(s) who reside in the unit with the lessee(s) for a period of more than thirty (30) days must then upon the thirty-first (31st) day complete and submit an application and be approved or disapproved by the Association in the same manner as applicants herein and if not approved must vacate the unit immediately upon disapproval.

The prospective lessee (tenant) will be advised by the Association office within a 20-day period from the date of receipt of application and all additional information and appearances requested, of whether this application has been approved. This application must be signed by the lessee applicant and by the realtor or other person who acted as rental agent for the unit owner. I, lessee (tenant), understand and agree that the Association, if it approves a Lease, 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, of provisions of the Association's Declaration, Bylaws, and the rules and regulations of the Association. I, lessee (tenant), also understand and agree that if the lease to the unit is approved and any special assessment or installment of a regular assessments or any other monetary obligation due to the Association for a unit remains unpaid for at least thirty (30) days after the due date and a Claim of Lien has been recorded against the unit, then upon written notice mailed to both owner and the lessee of such delinquency, both the owner and I, lessee (tenant), agree that all future lease payments due under the lease shall be paid by the lessee (tenant) directly to the Association until such time as the Association notifies both the owner and lessee (tenant) that all sums due the Association have been paid in full. Such lease payments shall be funds of the Association to be utilized for any Association purpose at the discretion of the Board and shall only be remitted to the owner if full payment of all amounts due the Association have been paid by the owner and a Satisfaction of Claim of Lien have been recorded.

NOTE: A non-refundable Application Processing Fee in the amount of \$150.00 must accompany this application. **Payable to FOREST LAKES CONDOMINIUM ASSN., INC.**

SIGNATURE OF OWNER(S), AND ALL APPLICANT(S) ARE REQUIRED BELOW. All persons listed above over the age of 18, including occupants who will be using unit on a regular basis must sign below. By signing below, I (we) applicant(s) do hereby consent to a criminal and financial investigation into my background.

As the rental agent for the unit owner, the undersigned agrees to be responsible for immediate corrective or prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium including termination of the lease and removal of the tenant.

OWNER (Print) _____
OWNER (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____
APPLICANT (Print) _____
APPLICANT (Sign) _____ DATE _____

FOREST LAKES CONDOMINIUM ASSOCIATION, INC. IS A 55+ COMMUNITY

PROOF OF AGE REQUIRED

Enclose a copy of you Driver's License, Birth Certificate, Passport or other legal papers showing a date of birth. One resident must be at least 55 years of age or older.

ONLY ONE VEHICLE PERMITTED PER UNIT

BROWN'S BACKGROUND CHECKS
CONSENT TO OBTAIN CONSUMER REPORT ON SUBSCRIBER
Forest Lakes Condominium Association Inc.

I understand that you may obtain consumer reports that relate to my credit and/or criminal history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies or institutions, which maintain public and non-public records concerning my past activities relating to my credit and/or criminal history. This information will be reviewed by the Association and may be reviewed by a unit owner if it's a rental.

I authorize, without reservation, any party, institution, or agency contacted by AISS to furnish the above mentioned information:

_____/_____/_____
Applicant Name Date of Birth* Social Security Number
*Date of Birth is requested in order to obtain accurate retrieval of records. If International please provide
Passport Number

_____/_____/_____
Co-Applicants Name Date of Birth Social Security Number
If International please provide
Passport Number

Alias/Previous Name(s)

Current Physical Address City & State Zip code

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

SIGNATURE _____ DATE _____

Co-Applicant
SIGNATURE _____ DATE _____