

**CAPISTARA HOMEOWNERS ASSOCIATION, INC.  
C/O SOLEIL PROPERTY MANAGEMENT  
PO BOX 212964  
ROYAL PALM BEACH, FL 33421  
PHONE (561) 225-1524**

**APPLICATION FOR LEASE**

1. No Lease Agreement may be for a term of less than twelve (12) months, and no Home may be leased more than two (2) times in any calendar year.
2. Section 12.24 of the Declaration provides that a leased home must be used **“as a private single-family residence.”**

**All lease applications are to have Association approval PRIOR to occupancy.**

- ( ) \$200.00 application processing and background and credit check fee per adult occupant, payable to Soleil Property Management (non-refundable).
- ( ) \$100.00 Application Fee, payable to “Capistara Homeowners Association” (non-refundable)
- ( ) \$1000.00 Community Amenities Security Deposit, payable **by unit owner** to “Capistara Homeowners Association”.
- ( ) A copy of the completed lease contract attached.
- ( ) Copy of driver’s license (s) and vehicle registration (s) attached.

Association has up to thirty (30) days of receipt of a fully completed application for application to be approved or denied.

# Lease Application

## CAPISTARA HOMEOWNERS ASSOCIATION, INC.

Please print legibly and complete all the sections

LEASE BEGIN DATE:	LEASE END DATE:
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### UNIT INFORMATION

PROPERTY ADDRESS	MOVE-IN DATE
CURRENT OWNER NAME	CONTACT #

### APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME – RELATIONSHIP TO APPLICANT
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS      MARRIED ( )      SINGLE ( )	MARTIAL STATUS      MARRIED ( )      SINGLE ( )

### OTHER OCCUPANTS LIVING IN HOME

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

### REALTOR INFORMATION

REALTOR'S NAME	PHONE #	EMAIL
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**CAPISTARA HOMEOWNERS ASSOCIATION, INC.**  
**ADDENDUM TO LEASE APPLICATION**

THIS ADDENDUM is made between \_\_\_\_\_ (“Landlord”) and  
\_\_\_\_\_ (“tenant(s)”) for unit: \_\_\_\_\_ effective this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_  
and is intended to and shall supplement, amend and modify that certain Lease dated \_\_\_\_\_, in the  
following respects:

1. Tenant(s) are subject to and shall abide by Florida Statutes: Assessments: Tenant Occupancy: Where an owner is delinquent in any monetary obligation to the Association, the Association can make a demand for the tenant to pay to the association the future monetary obligations related to the Association unit owed to the Association. The demand must be in writing. If the tenant fails to comply, the Association may have the tenant evicted in accordance with Florida Statutes. The unit owner shall give the tenant a credit against rent due to the unit owner for any amounts paid by the tenant to the Association.
2. In the event the landlord/owner becomes delinquent in payment of assessments (regular, general or special) or other charges to the Association, the Association may notify the tenant. Upon such notification, the tenant shall be obligated to pay the rent required under the lease to the Association, until all delinquent assessments and other charges have been paid in full. During the period of time the tenant is paying the rent to the Association, the landlord shall not seek to evict the tenant for non-payment of rent.

**LANDLORD**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**TENANT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**TENANT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

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**APPLICANT AUTHORIZATION**

I, hereby, authorize and request any present or former landlord, employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for residence.

I hereby authorize Soleil Property Management to provide information to Screening Reports to obtain and verify such information including accessing consumer reporting agencies as well as performing a criminal and eviction record search.

I have been notified that a consumer report will be requested and understand that the information that Screening Reports obtains is to be used in the processing of my purchase or lease application.

I hereby release and hold harmless Soleil Property Management and Screening Reports, its affiliates, employees and agents and any other organization that provides information from any and all liabilities arising out of the use of such information in connection with Screening Reports.

**Applicant #1** - Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

**Applicant #2** - Print Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

**Additional occupants over 18 please provide a separate authorization form.**