

***Florencia at the Colony Condominium Association, Inc.***

23850 Via Italia Circle  
Bonita Springs, FL 34134  
239-949-3114 (ph) 239-949-3117 (fax)

**Application for Approval to Lease a Condominium Unit**

***To: Board of Directors of Florencia at the Colony:***

I hereby apply for approval to:

( ) lease Unit No. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

**Instructions:**

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the lease agreement, and a non-refundable fee in the amount of \$175.00, payable by check to Florencia at the Colony Condominium Association, Inc. Two personal letters of reference must also accompany this application. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant \_\_\_\_\_ Age \_\_\_\_ Soc. Sec. # \_\_\_\_\_

Full Name of Spouse \_\_\_\_\_ Age \_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (business) \_\_\_\_\_

Email address \_\_\_\_\_

Nature of business or profession (if retired, former occupation) \_\_\_\_\_

All units of the Association are designated as single family residences only. Please state name, relationship and age of all other persons who may be occupying the unit for more than 7 days during the time of the lease term or purchase. If additional space is required for additional names, please attach a separate sheet to this application.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Current or most recent landlord, if applicable:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Duration of rental \_\_\_\_\_

**Automobiles to be parked on the premises: **Please review the attached Parking Rules.****

Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**Mailing address for notices regarding this application if *different* from the home address given above:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

**Two personal letters of reference are to be attached to this application:**

Name \_\_\_\_\_

Name \_\_\_\_\_

**Realtor Information:**

Name \_\_\_\_\_ Firm Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

***No pets allowed in leased units.***

***Applicant's Affidavit***

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event of a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available upon requests for an interview with the designated representatives of the Association.

**Signatures:**

Applicant \_\_\_\_\_ Co-applicant \_\_\_\_\_

Date \_\_\_\_\_

**This application is:**      **Approved**       **Not Approved**

Florencia at the Colony Condominium Association, Inc.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Adopted by the board of directors at a duly noticed Board Meeting  
April 17, 2012**

General Rules

1. Each resident is assigned two parking spaces and therefore may park a maximum of two vehicles on Florencia premises unless arrangements have been made with another owner who has one or more parking spaces available. If such an arrangement has been made, the Owner providing additional spaces must provide the details of the arrangement in writing to the General Manager. The agreement must include the number of the parking space (s) provided, the term of the agreement, a clause terminating the agreement upon sale of the unit, the signatures and dates signed by both parties and a Vehicle Registration Form. Passenger automobiles, sport/utility vehicles, mini-trucks, vans, golf carts, motor bikes and motorcycles (used for personal transportation and not commercially) that do not exceed the size of one parking space may be parked in the areas provided for that purpose. No Unit Owner or occupant may park more than two vehicles in each assigned space. Vehicle(s) parked in one space, must not exceed the length of the parking space side lines (15 feet from the wheel stops), and may not occupy a combined width of more than 79 inches. Furthermore, the combined width of the vehicles must provide a minimum ten inch clearance to the parking space side lines, on both sides of the vehicles. The concrete wheel stops may not be removed. All vehicles as described above must be parked within the assigned parking space between the wheel stops and the parking space side lines. No other storage of personal items is permitted in the garage. Commercial vehicles, trucks, campers, motor homes, trailers, boats, and boat trailers are prohibited. Bicycles shall be parked only in the bike storage areas or as may otherwise be designated by the Board. Vehicle maintenance, except car washing in the designated area, if any, is not permitted on the Condominium Property. All vehicles must be currently licensed and no inoperable or unsightly vehicle may be kept on the Condominium Property. Violations may result in the removal of items by the association at the cost of the Unit Owner.

**INSTRUCTIONS:**

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

**APPLICATION FOR OCCUPANCY/APPROVAL**

**PRINT OR TYPE (Use Black Ink)**

Purchase \_\_\_\_\_ or Lease \_\_\_\_\_ (How long)

Apt. No. \_\_\_\_\_ Bldg No. \_\_\_\_\_ Special Address or Unit \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_\_\_\_ Desired date of occupancy \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

Spouse (Mr./Mrs./Ms.) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec No. \_\_\_\_\_

[ ] Sngl. [ ] Married [ ] Widow(er) [ ] Sep. \_\_\_\_\_ [ ] Div. \_\_\_\_\_ Maiden Name \_\_\_\_\_

Number of people who will occupy. Adults (over age 18) \_\_\_\_\_ Children (over 18) \_\_\_\_\_ Children (under 18) \_\_\_\_\_

Names & ages of children who will occupy: \_\_\_\_\_

Description of Pets (Breed, Size, Color, Weight, Etc.) \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_

Name	Address	Telephone
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**PRINT OR TYPE (Use Black Ink)**

**RESIDENCE HISTORY**

A. Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

B. Previous Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

C. Prior Address \_\_\_\_\_ Your Apt No. \_\_\_\_\_

Name of Apt./Condo \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Dates of Residency \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Mtg. No. \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)**

**EMPLOYMENT & BANK REFERENCES**

A. Employed By (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from) How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

B. Spouse's Employment (Business Name) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

(or retired from) How long \_\_\_\_\_ Dept. or Position \_\_\_\_\_ Mo. Income \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

C. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

D. Bank Reference \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How long \_\_\_\_\_ Ck. Acct. No. \_\_\_\_\_ Sav. Acct. No. \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

**PRINT OR TYPE (Use Black Ink)**

**CHARACTER REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (Residential & Office) \_\_\_\_\_

Driver's Lic. No. #1 \_\_\_\_\_ #2 \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate No. \_\_\_\_\_ Color \_\_\_\_\_ State \_\_\_\_\_

If this application is NOT legible or is not completely and accurately filled out, Renters Reference of Florida (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Renter Reference of Florida may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

**AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND**

**I have named you as a reference on my application for residency.**

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

**DESIGNATED PARTY: RENTERS REFERENCE OF FLORIDA**

**I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).**

**Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.**

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Applicant's Name Printed)

\_\_\_\_\_  
(Spouse's Signature)

\_\_\_\_\_  
(Spouse's Name Printed)

DATE \_\_\_\_\_