



OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

1111 Forrest Nelson Blvd., Port Charlotte, FL 33952
Tel: 941-624-3451 Email: oakhollowstaff@comcast.net Fax: 941-624-2552

Remember to Bring for Rental Applications

- Application to Qualify for Lease – three (3) page form
- Florida Tenant Reporting Services Application – two (2) page form
- Photo documentation: Driver(s) License/ Military ID Card(s)/ State ID Card(s)
- Processing Fee of \$50.00 (cash, check or money order made payable to Oak Hollow Property Owners' Association, Inc.) as per Item #3 of Florida Tenant Reporting Services Application to Qualify for Lease. Please note that if previous residence was in Alabama, Georgia, Hawaii, Massachusetts, Michigan, North Carolina, New York or Vermont additional fees may apply.
- Signed Acknowledgement of Rules & Regulations
- Signed Fitness Waiver
- Signed Rental Agreement/Lease
- For each FOB you wish to purchase bring \$10.00 (cash, check or money order made payable to Oak Hollow Property Owners' Association, Inc.)
- Email form if you wish to be included on the email distribution list

Application to Qualify for Lease

Per Section 17 of the Oak Hollow Property Owners' Association, Inc. Covenants & Restrictions, all leases of living units within the association must be in writing and an application for approval must be submitted to the Board of Directors (or their designees) at least thirty (30) days prior to the desired date of occupancy. Section 17 (B) of the Oak Hollow Property Owners' Association, Inc. Covenants & Restrictions authorizes credit, criminal and past tenancy investigation checks.

1. An application for approval, as well as all authorization forms must be completed in detail by **each** proposed adult occupant 18 YEARS OF AGE OR OLDER.
2. If any question is not answered or left blank, this application **will be returned, not processed and not approved.**
3. The completed application as well as all supplemental information must be submitted to the Association office at least 30 days prior to the desired date of occupancy (lease date).
4. Occupancy prior to Board approval is **prohibited.** The realtor/Owner will be notified of the applicant(s) qualification or disqualification.
5. Renewals or extensions of leases are subject to re-approval by the Board of Directors (or their designee). Multi-year leases are subject to annual re-qualification by the Board of Directors (or their designee).
6. Use of this unit is for single family residence only as defined in the Association Rules.
7. The Owner (Landlord) or Realtor must provide the Lessee with a **copy of the Association Rules and Regulations.**
8. Any violation of the terms, provisions, conditions and covenants of the Association or lease, provides cause for immediate action as therein provided or termination of the lease under appropriate circumstances.

In order to process the application, the following **must** be submitted:

- A completed application to qualify for lease
- A copy of the lease contract
- A non-refundable processing fee in the amount of \$50 per applicant 18 YEARS OF AGE OR OLDER. (payment can be cash, check or money order made payable to Oak Hollow Property Owners' Association, Inc.) PLEASE NOTE: acceptance of the processing fee does not in any way constitute approval of this application.
- A copy of Driver's License or ID Card.

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Today's Date _____ Lease Term: Begin _____ End _____

Owner's Name: _____ Telephone: _____

Owner's Oak Hollow Address: _____

Agency Handling Lease: _____ Agent: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

PROPOSED TENANTS

Name of Proposed Lessee (*State exactly as lease will appear*):

Name: _____

Number of People Who Will Occupy: _____ **Identify Below:**

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>

VEHICLES:

Year _____ Make _____ Model _____ Plate No. _____

Color _____ State _____

Year _____ Make _____ Model _____ Plate No. _____

Color _____ State _____

RESIDENCY:

Have you ever seasonally resided in Florida before? _____ If yes, please state the name, address and dates of residency:

Name: _____ Address: _____ Dates of residency: _____

Name: _____ Address: _____ Dates of residency: _____

CRIMINAL HISTORY:

Have you ever been convicted of or pled to a crime (either misdemeanor or felony)? YES _____ NO _____

If yes, please state the date(s) charge(s) and disposition(s) (use reverse side if needed):

Date: _____ Charge: _____ Disposition: _____

Date: _____ Charge: _____ Disposition: _____

EMERGENCY CONTACTS:

In the event of an emergency please provide contact information:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

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1. I / We hereby agree for myself and on behalf of all persons who may use the unit which I seek to Lease:
 - a) I / We will abide by all the restrictions contained in the Association Covenants, Bylaws, Rules & Regulations, and restrictions which are or may in the future be imposed by **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.**
 - b) I / We understand and agree that the Association 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 Covenants and Rules.
 - c) I / We understand that sub-leasing or occupancy of this unit in my / our absence is prohibited.
 - d) I / We understand that any violation of the terms, provisions, conditions, and covenants of the **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I / We have received a copy of the Rules & Regulations: Yes ___ No ___
3. I / We understand that I / We will be advised by the Rental Review Committee/Board of Directors (or their designee) of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
4. I / We understand that the acceptance for Lease at **OAK HOLLOW** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Rental Review Committee/Board of Directors (or their designee). Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of my application. Occupancy prior to approval is prohibited.
5. I / We understand that the Association may, pursuant to Section 943.953 (8), Florida Statutes, obtain criminal history information on the individual(s) signing this application. By signing this application, I / we hereby consent to the Association obtaining criminal history information and considering same in connection with my / our application. I / we understand that every effort shall be made by the Association to maintain the confidentiality of the report; however; by signing the application, I / we hereby waive and hold the Association harmless for any claim, action or suit regarding the criminal history information.
6. I / We understand that the Rental Review Committee/Board of Directors (or their designee) of **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** may cause to be instituted an Investigation of my / our background as the Board may deem necessary, accordingly, I / we specifically authorize the Board of Directors, Management and **FLORIDA TENANT REPORTING SERVICES** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** itself shall be held harmless from any action or claim by me / us in connection with the use of the information contained herein or any investigation conducted by the Rental Review Committee/Board of Directors (or their designee).

In making the foregoing application, I / we am / are aware that the decision of the **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** will be final and no reason will be given for any action taken by the Rental Review Committee/Board of Directors (or their designee). I / We agree to be governed by the determination of the Rental Review Committee/Board of Directors (or their designee).

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

REALTOR'S/OWNER'S SIGNATURE

DATE

FLORIDA TENANT REPORTING SERVICES

Tel: (239) 257-3594 Fax (239) 257-3708 Email: floridatenant@comcast.net

APPLICATION TO RENT

Applicant's Name: _____ Soc. Security: _____
Birth Date: ___/___/___ Driver's Lic. #: _____ Email: _____
Night Phone: _____ Day Phone: _____ Cell: _____

***** Residential History *****

Present address: _____ City: _____ County: _____ St: ___ Zip: _____
Landlord/Owner: _____ Telephone: _____
Rent Amount: _____ Rent from: _____ to: _____ Was 30 day notice given? ___ When? _____
Reason for Leaving: _____

***** Residential History *****

Former address: _____ City: _____ County: _____ St: ___ Zip: _____
Landlord/Owner: _____ Telephone: _____
Rent Amount: _____ Rent from: _____ to: _____ Was 30 day notice given? ___ When? _____
Reason for leaving: _____

***** Employment *****

Current employment: _____ Telephone: _____
Supervisor: _____ Your position: _____
Length Employed: _____ to _____ Full-time _____ Part-time _____ Salary: _____ per _____

***** Employment *****

Former Employment: _____ Telephone: _____
Supervisor: _____ Your position: _____
Length Employed: _____ to _____ Full-time _____ Part-time _____ Salary: _____ per _____

***** Employment *****

Vehicle Information: Year: _____ Make & Model: _____ License : _____
Year: _____ Make & Model: _____ License : _____

Do you have any RV, boats, trailers or motorcycles? If so, please list _____

Please answer all of the following questions:

Will you have pets? _____ If so, how many? _____ What type? _____
Are you an active Service Member? _____
Have you ever declared bankruptcy? _____ If so, when? _____
Have you ever had an eviction filed against you? _____ If so, please specify _____
Have you ever been charged with a felony? _____ If so, please specify _____
Have you ever been charged with a misdemeanor? _____ If so, please specify _____
Have you ever refused to pay rent/ broken a lease? _____ If so, when and why _____

Applicant's Signature: _____ Date ___/___/___

FTRS Member Name: _____



FLORIDA TENANT REPORTING SERVICES

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APPLICATION TO RENT

Property Desired: _____

TO APPLY, THE FOLLOWING IS REQUIRED:

1. All applications must be filled out and signed by the applicant on all pages.
2. A separate application must be filled out for each applicant 18 years old and older.
3. A processing fee in cash, money order or check must accompany this application. NO APPLICATION WILL BE PROCESSED WITHOUT A PROCESSING FEE.
4. Reliable documentation and telephone numbers for all income must be provided.
5. Photo documentation (driver's license, military ID or state ID) is required.
6. All intended applicants must be listed below.
7. You must disclose ALL pets, vehicles of any nature and water filled furniture.

YOU ARE HEREBY NOTIFIED OF THE FOLLOWING PROCEDURES & POLICIES:

1. The processing fee is NON-REFUNDABLE.
2. Pets must be approved by the lessor.
3. If you have water filled furniture, you must provide the lessor with proof of insurance. FS 83.535
4. No properties are held for a long period, such as 30 days, unless it is not available.
5. If approved, a holding deposit must be paid within one (1) business day in order to hold the property and refuse other applicants. If the applicant defaults on renting the property AFTER APPROVAL, the holding deposit will be forfeit.
6. If approved, all monies owed must be paid in full with certified funds (cashier's check or money order) PRIOR TO RENTING.

I, THE UNDERSIGNED APPLICANT, affirm the information contained in this two page application is true and correct and authorize Florida Tenant Reporting Services, Inc. to verify all information contained in this application including obtaining a credit report. Misstatements, either false or incorrect, can be deemed reason for denial of occupancy. I understand that due to the Fair Credit Reporting Act that I will not be furnished a copy of my credit report from Florida Tenant Reporting Services or its members. I may, however, obtain a free credit report from Equifax if my application is denied for credit reasons. I also understand that this application is the property of Florida Tenant.

Applicant's Signature: _____

I also affirm the following will be the residents of the property:

(Please list the first and last names of all prospective tenants, including yourself:

_____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____
_____	Date of Birth: _____



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LOT / BLOCK _____

OAK HOLLOW ADDRESS: _____

ACKNOWLEDGEMENT

Residents and guests acknowledge that he/she/they have read and understand all rules and regulations. I agree to abide by all rules and regulations of Oak Hollow Property Association. Failure to do so may result in legal action as provided to the Oak Hollow Association Board of Directors.

Signature _____ Date: _____

Print Name _____



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FITNESS WAIVER

The Association owns and operates the Clubhouse, which contains exercise equipment made available for the use and enjoyment of the owners and tenants at Oak Hollow. In keeping with the wishes of its members, and within budgetary guidelines, it is not possible for the Association neither to screen users of the equipment, nor to supervise his/her use of the equipment. Accordingly, the Association requires that each user of the equipment sign this form to acknowledge:

1. It is up to the user to determine their level of physical fitness, and ability and aptitude to use the exercise equipment.
2. The user agrees to use the exercise equipment only for the uses intended in accordance with any written instructions, rules or policies that may be made available to user or posted in the exercise room.
3. The user understands that there is a risk of injury or physical harm associated with any physical activity and voluntarily assumes such risk, thereby holding harmless and indemnifying the Association and its officers, agents and employees of any action, cause of action, claim or demand which the user may have or may ever have resulting directly or indirectly from the use of the exercise room, exercise equipment and similar facilities at Oak Hollow.
4. If the user discovers that any equipment is not functioning properly, or suspects that the equipment is not functioning properly, the user agrees not to utilize the equipment and to notify an authorized agent of the Association so the equipment can be inspected before future use.

The undersigned user understands that by signing this document the user is waiving any and all claims that they may have against the Association and its officers, directors, or agents in the event of injury, illness or death, which may arise from use of the exercise room, exercise equipment and other facilities.

Dated this _____ day of _____, 20____.

Signature

Signature

Printed Name

Printed Name

Residence Address

Residence Address

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KEY FOB APPLICATION FORM

GENERAL RULES

RULES OF OAK HOLLOW CLUBHOUSE AND RECREATIONAL FACILITIES:

- The existing rules pertaining to the clubhouse and recreational facilities shall apply at all times.
- Hours to obtain key fobs will be from 9 am through 5 pm, Monday through Friday.

VIDEO SURVEILLANCE:

- Pool and clubhouse facilities will be monitored by video surveillance at all times.

SIGNING IN:

- Only guests who are accompanied by the fob owner are permitted in the Clubhouse and pool. Guests are required to sign in upon entering the facility.

KEY FOB RULES AND USAGE:

- The keyless entry system will be activated from 6 am through 9 pm - or during posted access hours - seven days a week.
- The office will be open from 9 am through 5 pm Monday through Friday. A key fob must be used to gain entry to the clubhouse.
- **The individual issued a key fob is the only one allowed to use that fob.**
- Occupants will each be required to have a key fob in order to enter the facility separately.
- Any damage to Association equipment and property will be charged to the keyless entry user.
- All keyless entry users agree not to hold the Association liable for any accident or injury to users caused by their own negligence.
- If any resident or their guests causes an alarm, that resident will be responsible for any expenses incurred.
- All persons receiving a key fob must read and agree to abide by the rules and regulations by signing the following disclaimer.

ACCESS CONTROL

DEFINITIONS / RULES

OWNERS:

Homeowners will be offered **ONE** free key fob per property owned. Additional key fobs for family members *over the age of 18 living in the residence* may be purchased for \$5 each. Owners who rent their property may **NOT** furnish a key fob to renters.

Should a key fob be lost, a replacement will cost \$10.00. The lost key fob will be deactivated and cannot be used to gain admittance to the clubhouse or the pool.

RENTERS:

Renters, whether seasonal or year-round, must obtain key fobs from the Association and **NOT** from the owner.

Renters who wish to have a key fob can purchase a key fob for \$10.00. Should a key fob be lost, a replacement will cost \$10.00. The lost key fob will be deactivated and cannot be used to gain admittance to the clubhouse or the pool.

OCCUPANTS (Referring to both Owners and Renters):

GUEST Key Fobs:

To obtain temporary guest key fobs for a period of up to thirty days, occupants may request the temporary key fob at a refundable deposit for \$10. If such a key fob is lost, a replacement will be provided at a cost of \$10.00

MINORS (under 18 years of age):

No person under the age of eighteen shall be allowed to have a key fob. **All persons under the age of 18 must be accompanied by an adult at all times.**

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DISCLAIMER

Oak Hollow Property Owners' Association, Inc. (the "Association") provides this key fob to me as a unit occupant who is authorized to use the clubhouse of the Association by virtue of said occupancy.

By my acceptance of this fob, I acknowledge that I am responsible for any of my actions or inactions and I agree to hold the Association harmless and indemnify the Association for any claims, demands or the like which may result from the use of said key fob.

It is my responsibility as a unit occupant to maintain possession of my key fob. Fobs cannot be used by other family members, friends, guests, invitees, baby-sitters, etc. Guests must be accompanied by the resident authorized for the FOB, and be signed in at the front desk. Residents can have six guests in the clubhouse/pool at one time. If my key fob should be lost or stolen, I am obligated to notify the Association's manager immediately so that the lost key fob may be deactivated and a replacement fob issued. I understand that the cost of the issuance of a replacement key fob at the current key FOB price.

If it is found that the key FOB is being used by an unauthorized person, the key fob will be deactivated.

If for any reason I cause a security alarm to be activated, I will be responsible for any expenses incurred by such activation.

My signature below indicates that I have read and understood the foregoing and agree to abide by same.

Unit Occupant Signature

Key Fob Number

Print Name – Unit Occupant

Property Address

Date