



16266 San Carlos Blvd, Suite 10
Fort Myers, FL 33908
239-466-3330
239-443-4572 (FAX)

www.sandcastlepmb.com

APPLICATION FOR APPROVAL TO LEASE

Please Print or Type

Please make sure application is completely filled out. An incomplete application will cause a delay in processing.

NOTE: Lease term minimum of 30 days (maximum up to 3 times totaling 90 days annually) and maximum of one (1) year In accordance with Section 13 of the governing documents of the Association, please submit this form, along with required enclosures and the \$100.00 application fee made payable to Calusa Palms V and \$100 made payable to Sandcastle Property Management, and a \$75.00 background check fee per applicant over 18 years of age ten (10) days prior to the occupancy to allow for processing time. Approval must be received prior to occupancy.

Current Owner of Record: _____ Address: _____

Term of Lease: _____ From: _____ To: _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE A UNIT AT CALUSA PALMS V CONDOMINIUM ASSOCIATION, INC. IN ACCORDANCE WITH THE DECLARATION OF CONDOMINIUMS.

THE APPLICANT(S) represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

LESSEE INFORMATION #1

NAME: _____ D.O.B _____ SS# _____

CURRENT ADDRESS: _____ PHONE: (____) _____ - _____

EMPLOYER: _____ PHONE: (____) _____ - _____

VEHICLE 1: Yr/Make/Model: _____ License #: _____ STATE: _____

LESSEE INFORMATION #2

NAME: _____ D.O.B _____ SS# _____

CURRENT ADDRESS: _____ PHONE: (____) _____ - _____

EMPLOYER: _____ PHONE: (____) _____ - _____

VEHICLE 1: Yr/Make/Model: _____ License #: _____ STATE: _____

SINGLE FAMILY RESIDENCE ONLY: Will anyone other than those listed above occupy this unit? _____ No _____ Yes

Number of permanent occupants: _____ If yes, whom? Specify Name/Relationship:

All applicants over 18 must provide Social Security and D.O.B

Persons who will occupy the above residential unit are as follows:

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

NOTE: Occupancy is restricted to one (1) family, no more than two (2) persons per bedroom, including children.

Applicant's Present Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

NO PETS ARE ALLOWED IN THE LEASED UNITS _____ (Please Initial)

Auto #1: Make: _____ Color: _____ Year: _____ Lic #: _____ State: _____

Auto #2: Make: _____ Color: _____ Year: _____ Lic #: _____ State: _____

NO Commercial Vehicles (except for service purposes), Motor Homes, Boats, Trailers, or Campers (RV'S) are permitted on Association Property. (See Section 12.9)

Your signature will acknowledge your agreement with the Rules and Regulations as stated in the Declaration of Condominium Use Restrictions, and that you have received, read and will abide by these Use Restrictions.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

LEASE HAS BEEN ARRANGED BY UNIT OWNER

LEASE HAS BEEN ARRANGED BY RENTAL AGENT

Your signature will acknowledge your agreement with the Rules and Regulations as started in the Declaration of Condominium Use Restrictions, and that you have furnished your renter with a copy of Use Restrictions.

SIGNATURE OF RENTAL AGENT OR UNIT OWNER: _____ **DATE:** _____

Name of Rental Agent: _____

State License #: _____ Florida Tax ID #: _____

Address of Rental Agent or Unit Owner: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present owners of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure an ideal private community life.

The following items MUST be included at the time the application is submitted. An incomplete package will cause delays in processing.

- ❖ Fully completed Application
- ❖ Copy of Executed Lease (Please feel free to omit any financial information)
- ❖ \$100.00 NON-REFUNDABLE Application Fee made payable to Calusa Palms V Condominium Association
- ❖ \$ 100.00 NON-REFUNDABLE Application Fee made payable to Sandcastle Property Management
- ❖ \$75.00 NON- REFUNDABLE Background check fee per applicant over 18.

Return ALL above items to:

Calusa Palms V Condominium Association, Inc.
c/o Sandcastle Property Management and Brokerage, LLC
16266 San Carlos Blvd, Suite 10
Fort Myers, FL 33908

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ACTION OF BOARD OF DIRECTORS

APPROVED

DISAPPROVED

DATE OF DECISION: _____

DECISION BY: _____
Association Director *Title*