

**Calusa Palms VII Condominium Association, Inc.**

Sandcastle Property Management  
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Fort Myers, Florida 33908  
Phone: 239-466-3330 \*\* Fax: 239-443-4572  
[administrator@sandcastlepmb.com](mailto:administrator@sandcastlepmb.com)  
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**NOTICE OF LEASE APPLICATION**

**This form must be submitted to Calusa Palms VII Condominium Association Board of Directors at least (15) days prior to the start of any lease. PETS are not permitted in leased units.**

- NO LEASE MAY BE FOR A PERIOD OF LESS THAN THIRTY (30) CONSECUTIVE DAYS UP TO A MAXIMUM OF THREE TIMES A YEAR OR MORE THAN 1 YEAR;
- USE OF UNIT IS LIMITED TO SINGLE FAMILY RESIDENCY;
- OCCUPANCY OF THE UNIT IS LIMITED TO LESSEE AND HIS/HER IMMEDIATE FAMILY LISTED BELOW;
- **RENTERS MAY NOT HAVE PETS.**

For a lease, in compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) serve as Owners(s) or Agent of the referenced unit below. I (we) intend to offer said for lease in accordance with the attached lease agreement.

I (we) understand and hereby agree that I (we) are fully responsible for ensuring the lessee and their guests abide by the Association's Declaration of Covenants and Restrictions, Rules, and Regulations. These may be found online at <http://www.sandcastlepmb.com/client-access/calusa-palms-vii/>. I (we) further agree to provide Lessee with copies of the same.

CURRENT OWNER OF RECORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TERM OF LEASE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**UNIT OWNER INFORMATION (LESSOR)**

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

PHONE: ( ) \_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LESSEE INFORMATION #1**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

VEHICLE 1: YR/MAKE/MODEL: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

**LESSEE INFORMATION #2**

NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

VEHICLE 2: 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:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

**EMERGENCY CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**TWO (2) PERSONAL REFERENCES: (local if possible)**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**I have received and read a copy of the Calusa Palms VII Condominium Association, Inc. Declarations of Covenants, Rules, Regulations, and Use Restrictions. I understand these Declarations of Covenants, Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside at Calusa Palms VII Condominium Association. I do understand that failure to do so provides cause for immediate action as therein provided, or termination under appropriate circumstances.**

\_\_\_\_\_  
Applicant's Signature #1                      Date

\_\_\_\_\_  
Applicant's Signature #2                      Date

\_\_\_\_\_  
Unit Owner's Signature

\_\_\_\_\_  
Date

**LEASING AGENT INFORMATION:**

FIRM HANDLING LEASE: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ - \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ FAX ( ) \_\_\_\_\_ - \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE SUBMITTED TO SANDCASTLE PROPERTY MANAGEMENT FOR PROCESSING:**

- 1. Completed Calusa Palms VII Lease Application.**
- 2. Copy of the signed lease/rental agreement.**
- 3. \$100.00 Non-refundable Processing Fee payable to Sandcastle Property Management, Inc.**