



SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

"A Multi-Association, Limited Access, Gated Community"

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LEASE APPLICATION

(REVISION K)

(3 MONTH MINIMUM / 9 MONTH MAXIMUM LEASE PERIOD)

(PLEASE TYPE OR PRINT)

UNIT OWNER NAME _____

UNIT ADDRESS _____

START DATE _____ **ENDING DATE** _____

LEE COUNTY TAX ID NUMBER _____

FLORIDA STATE TAX ID NUMBER _____

(A) LESSEE NAME (PRIMARY NAME ON LEASE) _____

(A) LESSEE (DOB _____ (SS#) _____ (DL#) _____ (ST) _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CONTACT # WORK (____) _____ HOME(____) _____ CELL(____) _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYED BY _____

(B) LESSEE NAME (ADDITIONAL NAME ON LEASE) _____

(B) LESSEE (DOB) _____ (SS#) _____ (DL#) _____ (ST) _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

CONTACT # WORK (____) _____ HOME (____) _____ CELL(____) _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYED BY _____

ADDITIONAL RESIDENT / OCCUPANT INFORMATION

(LIMIT 2 ADULTS PER BEDROOM) (LIST ALL ADDITIONAL PERSONS THAT WILL OCCUPY THIS UNIT)
(NAME & RELATIONSHIP) (IDENTIFY IF RESIDENT IS UNDER 18YRS OF AGE)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

VEHICLE INFORMATION (LIMIT 2 PER UNIT BY PERMIT ONLY)

(OPEN- BED TRUCKS, MOTORCYCLES, WATERCRAFT & TRAILERS ARE PROHIBITED ON PROPERTY FOR RESIDENTS & GUESTS)(SEE DOCUMENTS, RULES & REGULATIONS)

(YR)____(MAKE/MODEL)_____ (2/4DR)_____
(CAR/TRUCK/SUV)_____(COLOR)_____(LIC/TAG#)_____(ST)___

(YR)____(MAKE/MODEL)_____ (2/4DR)_____
(CAR/TRUCK/SUV)_____(COLOR)_____(LIC/TAG#)_____(ST)___

PET INFORMATION:

(NO PETS ALLOWED FOR TENANTS / NO VISITING PETS ALLOWED FOR GUESTS)

PERSONAL REFERENCE & EMERGENCY CONTACT

NAME _____RELATIONSHIP _____
ADDRESS _____CITY _____ST ___ZIP ___
DAY PHONE (____) _____NIGHT PHONE (____) _____

LEASING AGENT INFORMATION:

LEASED BY OWNER ___REALTOR ___OTHER _____
AGENT NAME & PHONE _____
AGENT COMPANY NAME & ADDRESS _____

APPLICANT AGREEMENT & CONSENT

APPLICANTS DO HEREBY AGREE AND CONSENT THAT THE ASSOCIATION MAY REQUEST AND OBTAIN ADDITIONAL INFORMATION THAT THE ASSOCIATION DEEMS NECESSARY IN THE PROCESSING OF THIS APPLICATION INCLUDING BUT NOT LIMITING TO THE ENGAGEMENT OF THE SERVICES OF AN INDEPENDENT INVESTIGATIVE SERVICE FOR A CONFIDENTIAL CRIMINAL BACKGROUND REPORT.

\$100.00 PER APPLICATION PROCESSING FEE (NON-REFUNDABLE)
(limit two names per application)

\$50.00 BACKGROUND INVESTIGATION FEE (PER ADULT RESIDENT OCCUPANT OVER THE AGE OF 18YRS) (NON-REFUNDABLE)

THE PROPER FEE MUST BE SUBMITTED WITH THIS APPLICATION PRIOR TO PROCESSING. MAKE CHECK PAYABLE TO: SUMMERLIN WOODS CONDOMINIUM ASSOCIATION INC.

ACKNOWLEDGMENT

APPLICANTS HEREBY ACKNOWLEDGE RECEIPT OF THE ASSOCIATION DOCUMENTS AND ALL AMENDMENTS THERETO, A COPY OF THE RULES AND REGULATIONS AND AGREE THEY AND THEIR GUESTS WILL FULLY COMPLY WITH SAME. APPLICANTS HEREBY ACKNOWLEDGE THAT NO PETS, MOTORCYCLES, BOATS, TRAILERS ETC. WILL BE BROUGHT UPON THE ASSOCIATION PROPERTY BY THEIR GUESTS OR INVITEES. APPLICANTS HEREBY CERTIFY AND SWEAR THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO DATE TO THE BEST OF THEIR KNOWLEDGE.

NOTE: THIS APPLICATION MUST INCLUDE:

REQUIRED SIGNATURES,

SIGNED COPY OF LEASE,

PROPER FEE FOR APPLICATION AND BACKGROUND CHECK

COPY OF DRIVER LICENSE FOR ALL ADULT RESIDENT OCCUPANTS)

SIGNATURE (OWNER/AGENT) DATE _____

SIGNATURE APPLICANT (A) (PRIMARY NAME ON LEASE) DATE _____

SIGNATURE APPLICANT (B) (SECONDARY NAME ON LEASE) DATE _____