



SUMMERLIN WOODS CONDOMINIUM ASSOCIATION, INC.

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

Office: Executive Suites at World Plaza

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PRE-SCREENED **LEASE APPLICATION**

(REVISION K)

(PRIOR SCREENED WITHIN THE PAST 2 YEARS)
(3 MONTH MINIMUM TO 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 _____

***Prior lease date and address:** _____

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

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

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

DAY PHONE (____) _____ CELL PHONE (____) _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYER NAME & ADDRESS _____

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

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

CURRENT ADDRESS _____ CITY _____ ST _____ ZIP _____

PRIOR ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

DAY PHONE (____) _____ CELL PHONE (____) _____

OCCUPATION & POSITION _____ #YRS. _____

EMPLOYER NAME & ADDRESS _____

RESIDENT INFORMATION (LIMIT 2 ADULTS PER BEDROOM)

(LIST ALL PERSONS THAT WILL OCCUPY THIS RESIDENCE)
(NAME & RELATIONSHIP) (IDENTIFY IF RESIDENT IS UNDER 18 YEARS OF AGE)

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

VEHICLE INFORMATION (LIMIT 2 VEHICLES PER UNIT BY PERMIT)

(OPEN- BED TRUCKS, MOTORCYCLES, WATERCRAFT & TRAILERS ARE PROHIBITED ON PROPERTY FOR RESIDENTS, GUESTS AND INVITEES)

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

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

LEASING AGENT INFORMATION:

LEASED BY OWNER (YES/NO) _____
 AGENT/REALTOR NAME _____
 COMPANY NAME _____ BROKER _____
 COMPANY PHONE _____ FAX _____
 AGENT/REALTOR NAME _____ CELL _____
 AGENT/REALTOR EMAIL ADDRESS _____

PERSONAL REFERENCE & EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CELL PHONE (____) _____ HOME PHONE (____) _____

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 CONFIDENTIAL CRIMINAL BACKGROUND RESEARCH.

APPLICANTS DO HEREBY FURTHER AGREE THAT IF THIS APPLICATION IS DENIED ON THE BASIS OF THE INFORMATION OBTAINED BY INVESTIGATION, THAT THE APPLICATION FEE IS NON-REFUNDABLE.

PRE-SCREENED (BACKGROUND FEE WAIVED)

APPLICATION PROCESSING FEE \$100.00 (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 RULES AND REGULATIONS AND AGREE THAT THEY AND THEIR GUESTS WILL FULLY COMPLY WITH SAME. APPLICANTS HEREBY ACKNOWLEDGE THAT THEY WILL NOT PERMIT ANY PETS TO BE KEPT IN THEIR UNIT OR BROUGHT UPON THE ASSOCIATION PROPERTY. 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 THE LEASE
PROPER APPLICATION FEE.

SIGNATURE UNIT OWNER/AGENT

DATE _____

SIGNATURE LESSEE (A) (PRIMARY NAME ON LEASE)

DATE _____

SIGNATURE LESSEE (B) (SECONDARY NAME ON LEASE)

DATE _____