

The Enclave at Palmira VI Condominium Association, Inc.

Alliant Property Management 239-454-1101
6719 Winkler Rd., Suite 200 239-454-1147, fax
Fort Myers, FL 33919

*** Vehicle Barcodes for renters are available upon request. The approved lease application along with the first page of the lease agreement must be turned in to the Master Association c/o Ken Bloom at 239-262-3956 (fax) or bloomk@kebmngt.com 72 hours before the lease starts. The owner is also responsible for providing written approval for access by the renter and the renter will be charged \$10.00/ barcode. It is also the responsibility of the owner to notify the Master of any change or renewal of a lease or the barcode will be shut off after 5 days from the end date on the lease.**

Lease Application

Please Note:

1. No application will be processed unless fully and properly completed with the appropriate checks enclosed. The application must be submitted at least 20 days prior to occupancy. Any application submitted less than 20 days prior to the beginning lease date can be fined \$100.00/day.
2. A non-refundable \$100.00 application fee will be charged. Please make a check for \$75.00 to Alliant Property Management and \$25.00 to The Enclave at Palmira VI Condominium Association, Inc.
3. There is also a \$30.00 non-refundable charge per adult to run a criminal background check and a \$30.00 non-refundable charge per adult to run a credit check. These two types of inquiries can be provided in lieu of sending the money if they are already available. This check should be made payable to The Enclave at Palmira VI Condominium Association, Inc.
4. A fully executed copy of the proposed lease must accompany this application.
5. No unit may be rented for a term less than 30 consecutive days at any one time and no unit may be rented more than 3 times in any 12 month period.
6. A personal orientation with a Director or Designee of the Board of Directors may be required. It is your responsibility to contact the association manager to make arrangements for this orientation (if required).
7. No subleasing or assignment of lease rights is allowed.
8. Only four- wheel passenger vehicles are allowed; no commercial vehicles.
9. Tenants may not move in until the Association has tendered official approval of their lease application. Moving in prematurely constitutes grounds for disapproval.
10. You may have no more than 2 animals (dogs or cats) total and they must weigh under 30 lbs. each. Birds must be kept in cage and tropical fish must be kept in an aquarium.

Please sign here that you have read the above rules and agree to abide by these and other rules and regulations as set forth in the condominium documents.

Signature

Signature

I/we wish to lease: _____ Unit# _____
Owner's Name _____
Lease Dates: From _____ to _____

Full Name of Applicant: _____
Social Security # _____
Drivers License # _____ State _____

Present Address: _____
City: _____ State _____ Zip _____
Telephone: Home() _____ Alt. () _____

Prior Address: _____
City: _____ State _____ Zip _____

Have you been arrested in the last 5 years? Yes _____ No _____
If yes, please
explain _____

Place of Employment: _____
Address: _____ E
Employer's Telephone: _____
Supervisor's Name: _____

Current Landlord's Name: _____
Address: _____
Telephone: _____

Financial Institution at which you maintain your checking: _____
Account# _____
Address: _____
Telephone: _____

Pets

Pet #1
Type _____ Weight _____ Breed _____
License Tag# _____
Pet #2
Type _____ Weight _____ Breed _____
License Tag# _____

Full name of second Applicant: _____

Full Name of Applicant: _____

Social Security # _____

Drivers License # _____ State _____

Present Address: _____

City: _____ State _____ Zip _____

Telephone: Home() _____ Alt. () _____

Prior Address: _____

City: _____ State _____ Zip _____

Have you been arrested in the last 5 years? Yes _____ No _____

If yes, please

explain _____

Place of Employment: _____

Address: _____ E

Employer's Telephone: _____

Supervisor's Name: _____

Current Landlord's Name: _____

Address: _____

Telephone: _____

Financial Institution at which you maintain your checking: _____

Account# _____

Address: _____

Telephone: _____

Please list the name and relationship and of all other persons who will be occupying the unit:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

I/we, the undersigned, certify that all the information which I/we have provided is true and correct to the best of my/our knowledge. I/we understand that falsification or misrepresentation of information on this application is grounds for disapproval.

I/we, the undersigned, understand that by completing and signing this application, I/we authorize The Enclave at Palmira VI Condominium Association, Inc. to conduct a background investigation for the purpose of verifying the information on this application and for obtaining additional information to be used for evaluating this application. I/we understand that the background investigation may include inquiries into criminal and credit histories. I/we agree to indemnify the Association, its Board of Directors, Officers and Agents and to hold them harmless for any alleged improper misuse of the information obtained pursuant to said background investigation.

Signature: First Applicant

Date

Signature: Second Applicant

Date

Rental Agent please complete below:

I certify that I have informed the prospective tenants that it is their obligation to comply with all the rules and regulations, and provisions of Documents pertaining to The Enclave at Palmira VI Condominium Association, Inc. (The rental agent and owner agree to share all information concerning rules and regulations, use restrictions and the documents). I understand that tenants may not move in until the association has tendered official approval of their lease application, and further, that moving in prematurely constitutes grounds for disapproval.

Print Name of Rental Agent _____

Signature of Rental Agent _____

Date _____

Real Estate Company Name: _____

Address: _____

City _____ State _____ Zip _____

Phone# () _____ Fax () _____

Vehicle Registration Form

Vehicle 1:

Make _____ Model _____ Year _____

Color _____

Registration/Plate: State _____ Number _____

Vehicle 2:

Make _____ Model _____ Year _____

Color _____

Registration/Plate: State _____ Number _____

Please Note: It is the responsibility of each resident to see that all vehicles at their unit are properly registered, and to re-register when a new vehicle is purchased or when there is a change in the registration of the vehicle. Failure to properly register your vehicle(s) may result in a fine. **No more than two vehicles allowed per unit.**