



### BERMUDA GREENS CONDOMINIUM ASSOCIATION, INC.

# c/o MAY Management Services

6017 Pine Ridge Rd #262 Naples, FL 34119 239-262-1396

### LEASE APPLICATION

Must be submitted 30 days prior to lease occupancy.

Return by Mail to Pine Ridge Road address above or Deliver in Person to 11100 Bonita Beach Rd. #101 Bonita Springs, FL 34135

Annual Lease Seasonal Lease	_			
Date:				
Name(s) of Current Owner of Record:				
Best Phone #:	Email:			
I (we) hereby apply for approval to lease property address Unit #				
Term of Lease Beginning	End	ing		
Rental or Leasing Agent (if applicable)		Phone #		
Contact Name:E	Email:			
Address:			N 4 ( )	

#### NOTE: Lease term minimum of (90) ninety days and maximum (12) months

In accordance with the governing documents of the Association, this application must be submitted with all the required enclosures and fees thirty (30) days prior to occupancy to allow for processing time. Tenants may not move in until the Association has tendered official approval of the lease, and further, that moving in prematurely constitutes grounds for disapproval.

The following items MUST be included at the time the application is submitted to MAY Management. An incomplete Lease-Rental package will be returned to the owner or agent.

Please submit the following: (Incomplete Applications will be returned)

## ALL FEES ARE NON-REFUNDABLE

- 1. Completely filled out application form. (Partially completed forms will not be considered)
- 2. A signed copy of the lease-rental contract agreement by owner and all applicants
- 3. Number of applicants must match lease contract and signed
- 4. Completed Imperial Gate Form
- 5. Legible Copy(s) of Driver's License
- 6. \$50.00 Application Fee payable to BERMUDA GREENS
- 7. \$50.00 Processing Fee payable to MAY MANAGEMENT
- 8. \$50.00 Background Check Fee (U. S. Citizens) per applicant 18 and over payable to MAY MANAGEMENT
- 9. \$100.00 Background Check Fee (Canada) per applicant 18 and over payable to MAY MANAGEMENT PLEASE CALL THE OFFICE FOR PRICING ON INTERNATIONAL BACKGROUND CHECKS





## TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant:					VALUE - 10	
Full Name of Applicant:	-					
Current Home Address:	Address			State	Zip Code	
Phone #1:	Phone #2	2		Email:		
Vehicle Make:	Model:	Year:	Tag #		State:	
Vehicle Make:	Model:	Year:	Tag #		State:	
I/We understand that pic Regulations document. So Initial Initial  The use of this home is for Please list the names, relati	single family residence	etails. e only. (2) Tw	o occupants per	bedroom.		s and
NAME			RELATIONS		AGE	
Do any of the adult occupa disruptive behavior, compl All adult occupants must  Yes No:  If yes, give details and date	aints, etc.?  answer and initial.  Yes No	: Yes	_No:	Yes No	:	ice,
ir jos, give details and date						
Have you ever been convided If yes, please include detail	-		-			_
In case of emergency notif	У		Tel#	Re	lationship	
Address			City	State	& Zip	





## NOTE: WE UNDERSTAND THE FOLLOWING RULES AND REGULATIONS:

Initial(s) Initial(s)	I PERMITTED TO HAVE PETS IN ANY UNIT	I OR ON THE PROPERTY.
BERMUDA GREENS IS A NON-SI	MOKING COMMUNITY	
Initial(s)Initial(s)		
PROPERTY INCLUDING DRIVE	GTH AND PODS OF ANY SIZE ARE NOT PER WAYS	MITTED ON BERMUDA GREENS
Initial(s)Initial(s)		
REFERENCES PODS IN THE BEI	E MOVE IN OR OUT ONLY. I/WE HAVE REA RMUDA GREENS RULES AND REGULATION	
Initial(s)Initial(s)		
	on is true and correct. I (we) agree that any misrepresadditional inquiry concerning this application, inclu	
Condominium, Articles of Incorporation Association may terminate a lease upon receipt of a copy of the Rules and Reg	re non-refundable. I/We am/are aware of and agree ton, By-Laws, and Rules and Regulations of the Asson default by the Tenant in observing any of the provulations. I/We understand the necessary confidential ociation DesigneeInitial(s)	ociation and acknowledge that the risions in the documents. I/We acknowledge
	nce of the owners, the Association is granted full p violations by lessees and their guests.	
prior landlord, credit, and police recor	s that the Association or its manager may use the add check on the applicant(s) listed above. This inforticant(s)Initial(s)	
We acknowledge that unit occupand disapprovalInitial(s)	cy prior to the Board of Directors' approval is p	rohibited and may constitute grounds for
The owner or agent will be advised by	the Association's Management whether this applica	ation has been approved.
I (we) have read, understood, and a	gree to all the statements above.	
Applicant signature:	Printed Name:	Date
Applicant signature:	Printed Name:	Date
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Acceptance on behalf Bermuda Gre	New Lease App Rev 11/2023	
Approved:	Disapproved:	
Signature of Board Director or Authorized Representative for the Board of	Date f Directors	