



BERMUDA GREENS CONDOMINIUM ASSOCIATION, INC.
c/o Catlett Association Management
 27499 Riverview Center Ste 134
 Bonita Springs, FL 34134
 239-444-1721

LEASE APPLICATION
Must be submitted 30 days prior to lease occupancy.

Return by Mail to address above or
 Deliver in Person

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 _____ Ending _____

Rental or Leasing Agent (if applicable) _____ Phone # _____

Contact Name: _____ Email: _____

Address: _____

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 CATLETT 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 CATLETT MANAGEMENT**
 8. **\$50.00 Background Check Fee (U. S. Citizens) per applicant 18 and over payable to CATLETT MANAGEMENT**
 9. **\$100.00 Background Check Fee (Canada) per applicant 18 and over payable to CATLETT MANAGEMENT**
- PLEASE CALL THE OFFICE FOR PRICING ON INTERNATIONAL BACKGROUND CHECKS**



TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____

Full Name of Applicant: _____

Current Home Address: _____
Address State Zip Code

Phone #1: _____ Phone #2: _____ Email: _____

Vehicle Make: _____ Model: _____ Year: _____ Tag # _____ State: _____

Vehicle Make: _____ Model: _____ Year: _____ Tag # _____ State: _____

I/We understand that pickup trucks are not allowed. Other vehicle type restrictions are in the Bermuda Greens Rules and Regulations document. See pages 5 and 6 for details.

Initial _____ **Initial** _____

The use of this home is for single family residence only. (2) Two occupants per bedroom.
 Please list the names, relationships and age of all persons who will occupy your home in addition to the applicants above.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

Do any of the adult occupants have a history of eviction suits, judgments, bankruptcies, foreclosure, assault, domestic violence, disruptive behavior, complaints, etc.?
All adult occupants must answer and initial.

Yes ___ No ___ : Yes ___ No ___ : Yes ___ No ___ : Yes ___ No ___ :

If yes, give details and dates _____

Have you ever been convicted of a felony? Yes ___ or No ___

If yes, please include details. _____

In case of emergency notify _____ Tel# _____ Relationship _____
 Address _____ City _____ State & Zip _____



NOTE: WE UNDERSTAND THE FOLLOWING RULES AND REGULATIONS:

TENANTS AND GUESTS ARE NOT PERMITTED TO HAVE PETS IN ANY UNIT OR ON THE PROPERTY.

_____ Initial(s) _____ Initial(s)

BERMUDA GREENS IS A NON-SMOKING COMMUNITY

_____ Initial(s) _____ Initial(s)

TRUCKS OVER 40 FEET IN LENGTH AND PODS OF ANY SIZE ARE NOT PERMITTED ON BERMUDA GREENS PROPERTY INCLUDING DRIVEWAYS

_____ Initial(s) _____ Initial(s)

PODS ARE TO BE USED FOR THE MOVE IN OR OUT ONLY. I/WE HAVE READ THE GUIDELINES THAT REFERENCES PODS IN THE BERMUDA GREENS RULES AND REGULATION DOCUMENT

_____ Initial(s) _____ Initial(s)

I (we) declare the foregoing information is true and correct. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background check. _____

_____ Initial(s)

I/We understand the application fees are non-refundable. I/We am/are aware of and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations of the Association and acknowledge that the Association may terminate a lease upon default by the Tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the Association's Officers and/or the Association Designee. _____ Initial(s)

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction and** prevent or stop violations by lessees and their guests. _____ Initial(s)

The prospective tenant(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit, and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s). _____ Initial(s)

We acknowledge that unit occupancy prior to the Board of Directors' approval is prohibited and may constitute grounds for disapproval.

_____ Initial(s)

The owner or agent will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood, and agree to all the statements above.

Applicant signature: _____ **Printed Name:** _____ **Date** _____

Applicant signature: _____ **Printed Name:** _____ **Date** _____



Approved: _____

Disapproved: _____

Signature of Board Director or
Authorized Representative for the Board of Directors

Date

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Type or Print)

Name _____ Sex _____
Address _____ Unit # _____
City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____

I give my authorization to this landlord, or any party or agency contacted by this landlord to obtain and verify the above Information, concerning a credit report, criminal records report, motor vehicle and other history. I understand that Inquiries may be made to various federal and state agencies.

Applicant's Signature _____ Date _____

DISCLAIMER

By typing my name above, I am signing this application electronically. I understand and agree that the information provided is accurate and I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this application.

RETURN FORM TO:

CATLETT ASSOCIATION MANAGEMENT
27499 Riverview Center, Suite 134
Bonita Springs, FL 34134
239-444-1721
Email: info@camswfl.com



RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Type or Print)

Name _____ Sex _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

I give my authorization to this landlord or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records report, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies.

Applicant's Signature _____ Date _____

DISCLAIMER

By typing my name above, I am signing this application electronically. I understand and agree that the information provided is accurate and I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this application.