



125 SW 3rd Place, Suite 207
Cape Coral, FL 33991
239-573-3225 f 239-573-3240

Before submitting your Lease/Sales Application for processing you **MUST** have the following attached:

- Completed Application – one application per unmarried adult - **EVERYTHING** must be filled out in order to process.
- Signed Screening Authorization
- Completed Service Member Worksheet – one worksheet per active Service Member.
- Non-refundable Application Fee - \$100.00 per application- check made payable to **Vesta Property Services** (*There is no fee for lease renewals, all other applications will not be processed without the fee*)
- Capital Contributions for sales only, payment of \$500.00, **payable to Heatherwood Lakes at time of closing.**
- Sales or Lease Contract (signed copy)
- Copy of Driver's License

Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. Applications **must be submitted 30 days prior to Lease Occupancy or Sales Closing,** whichever is applicable. Any application(s) submitted less than 30 days prior to the lease start date or closing, may have their start date/closing delayed.

Please submit the Complete Application to:
Vesta Property Services, 125 SW 3rd Place, Suite 207, Cape Coral, FL 33991

If you have any questions, please feel free to contact us at 239-573-3225. You may drop off your application at the Vesta Property Services Office at 125 SW 3rd Place, Suite 207, Cape Coral, FL 33991, Monday – Friday 8:00 am to 4:30 pm.

Incomplete applications will not be processed.

On behalf of Heatherwood Lakes Address _____

Applicant _____

Approved: _____ Disapproved: _____

Signature of Authorized Representative Date: _____
For the Board of Directors

This form needs to be submitted with complete application package



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AUTHORIZATION FOR RELEASE OF INFORMATION FOR TENANT SCREENING PURPOSES

Background Screening Disclosure for Unit _____ at Heatherwood Lakes.

I hereby authorize Vesta Property Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender’s lists, wants and warrants records, credit history, and civil/law suit cases.

Authorization and Release

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

You are hereby authorized to release to Florida Tenant Reporting Services and Vesta Property Services, any and all information they request with regards to verification of my bank account(s), credit history, residential history, criminal record history and employment verification. This information is to be used for my/our credit report and for my/our Application for Occupancy.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained on this report is to be released to the Condominium Association screening committee only.

Applicant Printed Name

Spouses Printed Name

Applicant Social Security Number

Spouses Social Security Number

X

Signature of Applicant

X

Signature of Applicant

Date Signed

Date Signed

PURCHASE/LEASE APPLICATION
Must be submitted 30 days prior to closing/occupancy

Return to: Heatherwood Lakes
C/O Vesta Property Services
125 SW 3rd Place, Suite 207, Cape Coral, FL 33991
Tel. 239-573-3225 Fax: 239-573-3240

Date: _____

Unit Address: _____

Name of Current Owner: _____ Phone #: _____

Email address of current owner: _____

PURCHASE [] I (we) hereby apply for approval to **purchase** this unit.

Closing Agent _____ Phone: _____

Agents Email: _____ Closing Date: _____

If purchasing, I am **purchasing** this home with the intention to:
_____ Reside in the home full time _____ Reside here on a part time basis
_____ As an investment, not living in home _____ Live part time in unit, lease it out other times

Address you wish mail to be sent. ___ Unit purchasing, ___ current address, ___ Other (Please write address below)

LEASE [] I (we) hereby apply for approval to **lease** this unit. (Please see the documents for rental restrictions).

Lease will begin on _____ and will terminate on _____.

Leasing Agents Email: _____

RENEWAL [] I (we) hereby apply for approval for a **lease renewal** or I am a **returning lessee** of this unit.

Renewal will continue beginning on _____ and will terminate on _____.

Leasing Agents Email: _____

Separate applications must be completed for co-applicants (excludes married couples).

I (we) represent that the following information is complete and true. 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, credit check and check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ Date of Birth _____

Current Address: _____
Street number / name _____ City _____ State, Zip code _____

Phone #: _____ Email: _____

Current employer: _____ Position Held: _____

Employer's Address: _____ Tel. Number _____

Length of time in Position: _____ Supervisor's name _____ Monthly Income \$ _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

Continue on next page for spouse. Use a separate application if other applicants are not spouse.

Full Name of Spouse: _____ Date of Birth _____

Current Address: _____
Street number / name City State, Zip code

Phone #: _____ Email: _____

Current employer: _____ Position Held: _____

Employer's Address: _____ Tel. Number _____

Length of time in Position: _____ Supervisor's name _____ Monthly Income \$ _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

Please list the names, relationship and age of all minors who will occupy your home in addition to the applicants above. Please note, any person 18 or over, must fill out a separate application.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

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 _____

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes _____ No _____
If yes, give details and dates _____

(Please use the back of this page if more space is needed.)

Vehicle Information: Please see the documents for any vehicle restrictions.

Make/Model of Car: _____ Year: _____ License No. _____ State: _____

Make/Model of Car: _____ Year: _____ License No. _____ State: _____

Pet Information: Please see the documents for any pet restrictions.

Breed: _____ Age: _____ Neutered/Spayed: [] Y [] N

Breed: _____ Age: _____ Neutered/Spayed: [] Y [] N

I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of the Association. Occupancy prior to Board of Directors approval may be prohibited.

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

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

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

Heatherwood Lakes Restrictions

Rental Restrictions: Please see documents for specific restrictions.
Leases must be a minimum of 6 months and maximum of 1 year.

Pet Restrictions: Please see documents for specific restrictions.

Vehicle Restrictions: Please see documents for specific restrictions.

Other Restrictions: Please see documents for specific restrictions.