

SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.
Alliant Property Management, LLC
13831 Vector Avenue
Fort Myers, FL 33907
(239)454-1101 or (239)454-1147 Fax

APPLICATION FOR LEASE

Complete all questions and fill in all the blanks.
Incomplete applications will result in delays.
This form must be completed and submitted 20 days prior to occupancy.
Approval must be received PRIOR to occupancy.

I/we hereby submit this form to lease (address) _____ at Sabal Springs Homeowners' Association, Inc. **A completed copy of the signed lease agreement must be attached. Lease Term: _____ to _____**

***No lease may be for a term of less than thirty (30) days; one (1) year max.**

***Please note: 55 years and older community.**

I represent that the following information is factual and correct, and agree that there is no falsification or misrepresentation in this information. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE PRINT THE FOLLOWING INFORMATION CLEARLY:

Name of current owner: _____

1. Full name of applicant(s): _____

2. Mailing address: _____

Best phone number: _____ E-mail: _____

3. Employment::: _____

Employer _____ Occupation: _____

Business Address: _____ Phone: _____

4. Other Occupants: Number of people to occupy unit: _____ (NO SUB-LEASING)

Name: _____ Age: _____ Relationship: _____

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5. Person to be notified in the case of emergency:

Name: _____ Phone #: _____

Address: _____

Relationship: _____

6. References:

A. Name: _____ Relationship: _____

Address: _____ Phone: _____

B. Name: _____ Relationship: _____

Address: _____ Phone: _____

7. Make of car(s) to be kept at the residence:

Model/Make: _____ Year: _____

Color: _____ Plate #: _____ State: _____

Model/Make: _____ Year: _____

Color: _____ Plate #: _____ State: _____

TRUCKS OR ANY VEHICLE THAT HAS COMMERCIAL MARKINGS ARE NOT PERMITTED

8. If purchasing, list pet (s) you plan to bring to Sabal Springs Homeowners' Association, Inc. (**Pets not permitted: ex: Pit bull, Rottweiler, Doberman Pinscher, German Shepard**)

Type/breed: _____ Weight: _____

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9. **RENTERS: NO PETS ARE PERMITTED.**

10. I am purchasing this unit with the intention to: (circle one)

(a) Reside here on a full-time basis

(b) Reside here on a part-time basis

(c) Lease the unit

11. Title Company handling the closing/Rental Agent handling lease:

Company Name: _____ Email address: _____

Address: _____

Contact Person: _____ Phone #: _____

By signing below I/we acknowledge receipt of the declaration of covenants and restrictions & the rules and regulations for Sabal Springs Homeowners' Association, Inc. I/we are aware of and agree to abide by the Association's Governing Documents, and any and all

other properly promulgated rules and regulations and amendments in effect within the terms of my/our ownership or occupancy.

Dated: _____

Signature of applicant

Signature of co-applicant

Please return the completed application with the following items:

- _____ **\$150.00 non-refundable** processing fee payable to Alliant Property Mgmt.
- _____ **\$40.00/per adult non-refundable** criminal background fee payable to Alliant Property Mgmt. (FYI—**Criminal checks for International applicants are \$45.00 per person**)

Please note: Required background check(s) non-applicable if you have rented at Sabal Springs within the last 12 months.

Please provide address: _____ Lease Dates: _____ to _____

- _____ **A clear copy of Drivers License or Photo ID of all adults.**
- _____ Completed Disclosure Consent for all applicants 18 y/o/a and older
- _____ Completed Fair Housing Act Occupancy Change Form (2 pages)
- _____ **Receipt of Rules and Regulations**
- _____ Copy of signed lease agreement
- _____ OR
- _____ Copy of executed sales contract

Please return the application and all above items to:

**Alliant Property Management, LLC
13831 Vector Avenue
Fort Myers, FL 33907**

DISCLOSURE CONSENT APPLICATION

*Please complete this form for each person to occupy the unit of the age 18 and older.
Please do not leave any blanks, as this will result in a delay of the processing of the
application.*

Please Print Your Full Name Social Security Number

Please Print Any Other Names You Have Used Date Of Birth

Street Address

City State Zip Code

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature Date

Witness Date

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Signature Date

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Fair Housing Act Census- Occupancy Change Form

Sabal Springs Homeowners' Association, Inc

I/we am/are the occupant of _____ (address) in the Sabal Springs Homeowners' Association, Inc.

I/we understand that the community is required by Federal Law to verify the age of the occupants of the homes, if the community is to continue to qualify for the Housing for Older Persons Exemption to the Federal Fair Housing Amendments Act of 1988, as amended.

The following information is true and correct:

FULL NAME OF OCCUPANT (1) _____

FULL NAME OF OCCUPANT (2) _____

a. Please identify any proposed occupant(s) who is/are over 55 years of age:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

b. Please identify all other occupant(s):

Name _____ Date of Birth _____

Name _____ Date of Birth _____

c. I/we have provided photocopies of one of the following items (at least one must be photographic) as proof of age for each occupant for the Association's records, and the same are attached hereto:

Check applicable documents provided:

Occupant (1)- Name _____

(1) Birth Certificate []

(2) Driver's License []

(3) Medicare Card []

(4) Voter's Registration []

(5) Other (specify): [] _____

Check applicable documents provided:

- Occupant (2)-Name _____
- (1) Birth Certificate []
 - (2) Driver's License []
 - (3) Medicare Card []
 - (4) Voter's Registration []
 - (5) Other (specify): [] _____

Please have this form notarized with an oath or attestation to its accuracy:

Signature Occupant 1 _____

Printed name _____

Date _____

Signature Occupant 2 _____

Printed name _____

Date _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ and _____ (occupants) who subscribed and swore to the forgoing instrument, and who is personally known to me or produced _____ as identification, and did take an oath

Notary Public

Printed Name of Notary

My commission Expires: _____

SABAL SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Receipt of Rules and Regulation

I/We have received and accepted the Rules and Regulations as stated in the governing documents for the Sabal Springs Homeowners' Association, Inc

Print Name

Print Name

Signature

Signature

Date

Date