

Park Shore Landings

CONDOMINIUM ASSOCIATION

c/o NextGen Community Management
9410 Corkscrew Palms Cir #201 Estero, FL 33928
PH: (239) 372-2996 | Email: office@nextgcm.com

APPLICATION FOR LEASE APPROVAL

SUBMIT APPLICATION AT LEAST 20 DAYS PRIOR TO OCCUPANCY.

Any application submitted less than 20 business days prior to the lease start date may have their occupancy delayed. Applicants may not move in until the Association has tendered official review of their lease, and further, moving in prematurely constitutes grounds for disapproval.

MUST INCLUDE:

- COMPLETED APPLICATION
- COPY OF EXECUTED LEASE CONTRACT
- \$100.00 NON-REFUNDABLE APPLICATION FEE MADE PAYABLE TO PARK SHORE LANDINGS CONDO ASSOC.
- \$75.00 NON-REFUNDABLE BACKGROUND CHECK FEE PAYABLE TO NEXTGEN COMMUNITY MANAGEMENT per adult 18 and older. Complete one form per person. 3 Personal REFERENCE LETTERS (Realtors may not be used as references)

*****Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. All fees are non-refundable. *****

Date _____ Address of Unit Being Rented _____

Lease Start Date: _____ **Lease End Date:** _____

Renter Information: _____ **Number of people to occupy unit** _____

Applicant _____ **Contact Phone #** _____

E-mail _____

Applicant _____ **Contact Phone #** _____

E-mail _____

I wish to opt in to receive email communication from the Management office with the email address you have provided above.

Opt In: _____ Opt Out: _____ **You can opt out at any time through the email service provider.

Occupant(s)

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Park Shore Landings

CONDOMINIUM ASSOCIATION

Vehicles:

Make/Model: _____ License Plate: _____ Year: _____ Color: _____

Make/Model: _____ License Plate: _____ Year: _____ Color: _____

Name of Current Owner _____

Name Leasing Agent (if any) _____

Agent Contact Info _____

In case of Emergency Notify:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

The Managers and Members of the Board of Directors are available to answer any questions regarding the Governing Documents and Rules & Regulations that govern the Association. If you have any questions, please contact us prior to signing this application for occupancy.

I have received, read and agree to abide by the Declaration, By-Laws, Amendments, Articles of Incorporation and the Rules and Regulations of Park Shore Landings

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

TENANTS MAY NOT HAVE PETS**Tenants Initials**

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).

Occupancy prior to Board of Directors approval is prohibited.

The tenant(s) will be advised by the Association's Management whether this application has been approved.

I/We certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void.

As required by law, this information is kept strictly confidential.

Applicant Signature: _____

Applicant Signature: _____



Character Reference Form

Date: _____

Applicant's Reference's Name: _____

Street Address: _____

City, State, Zip: _____

Re: Applicant's Name: _____

Association Applying to: **Park Shore Landings**

To Whom It May Concern:

The applicant(s) names above is applying for membership in a Condominium Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the applicant. This completed Character Reference Form **MUST** be sent with the application in order for the Board to approve their purchase or lease. Thank for your assistance in this matter.

Yours truly,

Park Shore Landings Management

How do you know the applicant(s)? _____

For how long have you known the applicant(s)? _____

In your opinion, would the applicant(s) make a good neighbor? ____ Yes ____ No

Please describe the applicant(s) character and stability, as you know them: _____

Reference's Signature _____



Character Reference Form

Date: _____

Applicant's Reference's Name: _____

Street Address: _____

City, State, Zip: _____

Re: Applicant's Name: _____

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Character Reference Form

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Applicant's Reference's Name: _____

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AUTHORIZATION TO PERFORM A CRIMINAL BACKGROUND CHECK

Background Check per person 18 years old and over

Community Name: _____

File # _____

Office Use Only

By signing below, I hereby give consent for NextGen Community Management to obtain a Criminal Background check for me. The Criminal Background check shall include a Sexual Offender Search. I understand that a Criminal Background check is required to lease and/or purchase a unit/home in the _____ community, and that my Criminal Background check results may be used by the Board of Directors to approve or disapprove my lease or purchase of a unit/home.

X _____ X _____
Signature of Applicant Date

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER TO BE SUMITTED

Name _____

Current Address _____

City, State, Zip _____

Email _____ Phone# _____

Driver's License # and state of Issuance: _____

Social Security # _____ Date of Birth: Month _____ Day _____ Year _____

Addresses for the Last 7 Years:



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Background Check per person 18 years old and over

Community Name: _____

File # _____

Office Use Only

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