

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

- O Completed Application **EVERYTHING** must be filled out in order to process.
- O Application Fee \$150 (Effective September 1<sup>st</sup>, 2021) check made payable to <u>Heritage</u>

  <u>Pointe Master Association, Inc.</u> (<u>Applications will not be processed without the fee.</u>)
- O Lease Contract (signed copy)
- O Criminal Background Check provided by owner

<u>Please do not submit partial packages</u>. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. Applications <u>must be submitted 30 days prior to lease occupancy.</u> Any application(s) submitted less than 30 days prior to the lease start date may have the start date delayed or may be rejected.

## Please submit the complete lease application to: Sentry Management 12830 University Drive, Suite 150, Fort Myers, FL 33907

If you have any questions, please feel free to contact us at 239-277-0112. You may drop off your application at the Sentry Management office Monday – Friday 8:30PM to 5:00PM.

We cannot accept faxed or emailed applications. Incomplete applications will not be processed.

Applicant's Signature Co-Applicant's Signature Date

Owner's Signature Phone Email Date

Realtor Signature Phone Email Date

## HERITAGE POINTE MASTER ASSOCIATION

## <u>Lease Application</u> <u>Must be submitted 30 days prior to lease occupancy</u>

Dotor	Return to:	Heritage Pointe Mas c/o Sentry Managen 12830 University Dr Fort Myers, FL 339	nent rive, Suite 150
Date:			
Name of Current Owner:		Phone:	
[ ] I (we) hereby apply for approval to <u>lease addres</u>	<u>ss:</u>		Unit
StartingRental/Leasing Agent/or Owner:			
Address:			
NOTE: Lease term minimum is thirty (30) d	lays.		
In accordance with the governing documents of the an enclosures and applicable fees thirty (30) days prior to the Association has tendered official approval of the disapproval.	Association, this appoccupancy to allow for ease, and further, the	or processing time. Tenar at moving in prematurely	nts may not move in until
Please submit the following: (Incomplete App	plications will be	<u>returned)</u>	
<ul> <li>a. A signed copy of the lease contract</li> <li>b. A non-refundable check for \$150.00 p</li> <li>c. Number of applicants must match leas</li> <li>d. A completely filled out application for (Partially completed application will not expected application include: Name &amp; Date of Disposition including date(s); Felony (Number(s) for Arrests &amp; Dispositions;</li> </ul>	e contract.  r all proposed adult of the considered.)  nuntry of residency. In the considered of the c	ccupants of unit.  Background checks are good.com; www.intelius.com cked; Gender; Misdemeat position including date(s)	ood for three years.  lunor Check – Arrest & ); Offense Code(s); Case
I (we) represent that the following information is complewill justify <u>automatic</u> rejection.	ete and true. I (we) ag	ree that any misrepresent	tation in this application
<ol> <li>Rules Reminders:         <ol> <li>All renters, guests of owners and guests of</li> <li>No pets permitted for any renters or guests</li> <li>No more than six (6) people may be permit</li> <li>No bikes can be stored under carports.</li> <li>Grills on the lanai are restricted to electric of</li> <li>No personal property may be left or stored and potted plants.</li> </ol> </li> <li>No more than two vehicles per unit &amp; must ovehicles showing any commercial mark ovehicles showing any commercial mark ovehicles showing and some overhild.</li> <li>No SMOKING allowed on lanais or within the swimming or using spa is only allowed from the summing or using spa is only allowed from the summing of the summing of the summing of the summing or using spa is only allowed from the summing of the</li></ol>	tted to occupy a unit of only and per state state outside of any unit at the parked in designatings or equipment.	overnight while renting of tute up to 200 square incl anytime including garbanted areas.	r leasing.
There are additional rules and regulations the you by the owner of the unit.	nat you will be accou	intable for which should	d have been provided to
TYPE OR PRINT LEGIBLY THE FOLLOWING INFO	<u>ORMATION</u>		
Full Name of Applicant:	<u>D</u>	ate of Birth:	
Full Name of Spouse:	<u>D</u>	ate of Birth:	
Current Home address:			

City

State

Zip code

Street number / name

Phone #:		Email:	
Active Service Member as defined	l in s. 250.01, Florid	la Statutes: Yes	No
US Citizenship yesor n	0	If no, what country	
Make of Car:	Year:	License No	State:
Second car:	Year:	License No	State:
Use of this home is for single family Please list the names, relationship at applicants above.  NAMES			nan 6 occupants. e on a temporary basis in addition to the  AGE
Have you ever been convicted of a f	Felony? Yes	or No	
If yes, please include details			
In case of emergency notify		Phone:	Relationship
Address		City	State & Zip
If yes, give details and dates  I have received, read and agree to Rules and Regulations of Heritage  INITIALS  INITIALS	abide by the Decla Pointe Association	ration, By-laws, Amendmo	ents, Articles of Incorporation and the
lease, and criminal background che husband and wife/members of the Association has thirty (30) days with I understand that any violation of Condominium Documents cause for Documents and Condominium Do	ck for all proposed same family are comin which to approve of the terms, provisor pursuit of remediments are mentioned pleasing. I also acknown that a violation of	adult occupants, the receipt onsidered one applicant) are e or reject the application. sions, conditions, and cove ies therein provided. Alth d herein, all of the Governing nowledge that the Governing of same is also a violation of	Association, including a signed copy of the of the application fee (\$150 per applicant at a personal interview (if requested), the enants of the Governing Documents and a few provisions of the Governing Documents and Condominium Documents and Condomini
I (we) have read, understood and			<b>.</b>
			Date
	******	********	Date
Approved:		Disapproved:	
Signature of Authorized Representa For the Board of Directors	tive	Date:	