

# HERITAGE POINTE MASTER ASSOCIATION

## LEASE RENEWAL OR EXTENTION

**Must be submitted 30 days prior to TERMINATION OF CURRENT LEASE**

**Return to:** Heritage Pointe Master Association  
C/O Sentry Management Group, LLC.  
12830 University Drive, Suite 150  
Fort Myers, FL 33907  
Tel. 239-277-0112 Fax: 239-277-0114

Date: \_\_\_\_\_

Name of Lessees \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_

List the names, relationship and age of all persons who are occupying your home in addition to the applicants above.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship \_\_\_\_\_

I (we) hereby apply for an approval of a lease "Renewal"  OR "Extension"

Starting \_\_\_\_\_ Ending \_\_\_\_\_

***Please provide a background check to this lease renewal every 3 years.***

***Suggestions: [www.criminalwatchdog.com](http://www.criminalwatchdog.com); [www.sentrylink.com](http://www.sentrylink.com); [www.intelius.com](http://www.intelius.com)***

***With this completed application please submit a signed copy of your lease extension or lease renewal***

***(Partially completed forms will not be considered)***

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 inquiries concerning this application.

**During current lease term:**

-has any of the current occupants been convicted of a crime during the last lease term? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please include dates and details \_\_\_\_\_

-has any violation letters been sent to you or the owner? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, have they been corrected? Yes \_\_\_\_\_ or No \_\_\_\_\_ If yes, explain how \_\_\_\_\_

-is anyone other than the current registered lessees now occupying the unit? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please submit appropriate application for approval, this would include a background check with additional fees.

Provide their name and relationship: \_\_\_\_\_

**I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Heritage Pointe Master Association.**

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.

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

Applicant signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

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**Acceptance on behalf of Heritage Pointe Master Association**

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

*Signature of Authorized Representative  
For the Board of Directors*