

Coral Lakes Community Association
c/o ICON Management
11691 Gateway Blvd, Suite 203
Fort Myers, Florida 33913
239.561.1444 Fax 239.561.5770
ICON Management.com

Supplement to Application for approval to lease

Note: Applications submitted for owners with delinquent accounts are automatically denied.

- This application for occupancy must be completed in its entirety by both Applicant(s) and the *current Homeowner*. **Leave no entry field blank**. Applications with blanks will automatically be denied as incomplete without notice. If the question does not apply, type in N/A. Applicant(s) must initial and submit ALL PAGES.
- All Adult occupants (18 years of age and older) of a unit, must be named as an applicant herein. An occupant is someone who spends 30 or more nights in a calendar year.
- Each Applicant must complete a Background check form.
- No lease shall be for less than Six (6) Months nor for more than Twelve (12) months, only two (2) leases in any twelve (12) month period permitted. No unit may be occupied by more than five (5) persons for a two bedroom unit, and two additional persons for each additional bedroom in the unit. In addition, no option for lessee to either extend / renew the Lease Agreement for an additional period is permitted.
- **The completed application must be submitted to ICON Management NO LATER THAN FORTY-FIVE (45) days prior to the desired date of occupancy. No application will be processed in less than TWENTY (20) business days.**
Application packet must be mailed or delivered to: ICON Management 11691 Gateway Blvd., Suite 203. Fort Myers, Florida 33913
- Occupancy prior to FINAL APPROVAL is Prohibited and in violation of Coral Lakes Community Association Covenants and Restrictions and may result in a fine against the tenant and/or the unit owner, and eviction.
- Security Deposit made payable to Coral Lakes Community Association is required for all Leases, and will be held in a non interest bearing account.

What you will need to submit with this application:

1. Completed lease application (including background check forms for each adult) signed by all parties.
2. A copy of the fully executed lease agreement between the homeowner and tenant stating each party's full names and contact information.
3. Photos of all vehicles.
4. NON REFUNDABLE PROCESSING FEE in the amount of **\$150.00** payable to ICON Management. This covers 2 background checks. If there are more than two (2) adults age 18 years and over, there will be an additional \$50.00 fee for each person.
5. A check payable to the Coral Lakes Community for **\$50.00**.
6. Security Deposit in the amount equal to one month's rent, payable to Coral Lakes Community Association.
7. A current copy of the Pet Registration and Vaccination Records including a photo of each pet. All pets are subject to approval based on the Covenants and Restrictions of Coral Lakes Community Association.

**Application for Approval to lease
Coral Lakes Community Association**

Property Owner: _____ Telephone _____
(Print Name)

Email: _____ Cell # _____

Mailing address: _____

I, _____, hereby delegate my use rights and privileges of the association to my tenants.

I hereby apply for approval to **LEASE** _____
(Address to be LEASED)

A completed copy of the signed LEASE agreement must be attached.

Is a Realtor handling this transaction? **Yes** **No**

If yes, please enter the following information:

Realtor Name: _____ **office** _____

Email: _____ **Telephone** _____

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

Please type or Print information below:

1. Full name of Applicant _____ Email _____
2. Full name of Spouse (if any) _____ Email _____
3. Current home address _____ City/St/Zip _____
4. Telephone Number _____ Cell # _____ Work _____
5. Place of Employment _____ Address: _____
6. Drivers License Number: _____ State _____

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

7. Person to be notified in case of emergency.

Name: _____

Address: _____

City/State/Zip: _____ Phone # _____

8. Make of car (s) to be kept at the residence during lease term:
Make/Model _____ Year _____
License No. _____ State _____ Color _____

Make/Model _____ Year _____
License No. _____ State _____ Color _____

9. Previous address if less than 2 years at above address:
Address: _____ City, State, Zip _____
Landlord _____ Telephone _____

10. I (we) will provide the Association with a copy of all documents required for leasing prior to moving in. I (we) also agree to pay all processing fees and deposit to the association at the time of application.

Do you authorize ICON Management to contact your employer? Yes No

Do you authorize ICON Management to contact your previous Landlord? Yes No

Do you have a motorcycle? Yes No If yes, you must submit Board approval form.

Criminal Records:

Has ANY applicant ever been arrested for a crime (Felony or Misdemeanor)? Yes No

Has ANY applicant ever been convicted of a crime or had adjudication withheld (Felony or Misdemeanor)?

Yes No If yes, please provide explanation on back of this form.

I am aware of, have received a copy of, and agree to abide by the Declaration of Covenants, By-laws and Rules and Regulations for Coral Lakes Community Association. _____ Initials

(Applicant Signature)

(Applicant Signature)

There is a \$150.00 application fee* – make check payable to ICON Management; and mail this completed application, lease agreement and other fees with the checks to:

ICON Management
11691 Gateway Blvd., Ste. # 203
Fort Myers, FL 33913

Application Approved

Authorized ICON Management Personnel

Application Denied

Date: _____

Application processing fees paid Check # _____ Check # _____

Deposit fee paid to the Coral Lakes Community paid Check # _____

A copy of the approved application will be emailed to owner and/or applicant. Applicant must have written approval prior to moving into the premises.

For information and/or a copy of the approval please email vnolin@theiconteam.com or call 239.561.1444.

* Additional fee may apply.

* Processing fees are non-refundable

Coral Lakes Community Association

Acknowledgment of Requirements for Lease Application Submission, Receipt of Community Documents, and Owner Affirmation of Account in Good Standing

Dear Coral Lakes Owners/Applicants:

Attached please find a copy of the "Application for Lease" along with "Addendum to Lease Agreement" for the Coral Lakes Community. This Addendum must be attached to and become a part of all lease agreements executed between any Coral Lakes Unit Owners and Tenants. Please insure that no line is left blank, and that the signature pages are executed by all parties, including witnesses to the transaction, upon execution of the Lease Agreement itself. In addition, all prospective Tenants must acknowledge receipt of the Community Documents stipulating the covenants and restrictions for Coral Lakes.

Please submit this form, along with the Executed Lease Agreement, Application to Lease, Background Information Form, and all required fees and deposits to ICON Management, 11691 Gateway Blvd #203, Fort Myers, FL 33913. Should you have any questions or require forms, please contact Valerie Nolin at (239) 561-1444 or via email at: vnolin@theiconteam.com. Applications not completed in full or submitted without the fully executed Lease Agreement, Addendum, Background Check Form, and related fees/deposits will not be processed. The required timeframe for processing is forty-five (45) days.

Applicant (s) Initials _____

IMPORTANT NOTICE for all Owners/Applicants regarding Applications for Lease Approvals: Any owner with an account which is not in good standing may not lease their unit. Any owner who does so may be subject to a fine levied against the unit for each day that the violation continues, up to a total of \$1000.00 per incident. In addition, the tenant may be subject to eviction with a seven (7) day notice as provided for in the Declaration of Covenants and Restrictions for Coral Lakes Community Association. The unit owner will be responsible for all legal expenses incurred in this matter.

Applicant(s) Initials _____

I, as Applicant for Lease for **(property address)** _____, hereby acknowledge that I have read and understand the foregoing. I further acknowledge that I have received a copy of the Coral Lakes Community Association Documents and agree to familiarize myself with all the rules and regulations therein, and will abide by all the Covenants and Restrictions of the Association.

| | |
|------------------------|-------------------|
| Applicant _____ | Date _____ |
| Applicant _____ | Date _____ |
| Applicant _____ | Date _____ |
| Applicant _____ | Date _____ |

I, _____ **(print name)**, as Unit Owner of the above-referenced address hereby acknowledge that I have read and understand the foregoing and affirm that my account is in good standing with Coral Lakes Community Association.

Owner Signature _____ **Date** _____

Coral Lakes Community Association, Inc.
Addendum to the Lease
Assignment of Rents

This is an Addendum to the lease between _____ (owner)
and _____ (tenant), for
_____ (property),
beginning on _____ (date of lease) and renewals thereof.

In the event that an Owner is forty-five (45) days in default in the payment of Assessments or other sums due and owing to the Coral Lakes Community Association, Inc., the Association shall have the right and authority to collect the rent to be paid by the tenant to the Owner directly from the Tenant. In the event such tenant fails to remit said rent directly to the Association within ten (10) days from the day the Association notified such tenant in writing that the rents must be remitted directly to the Association, but not later than the day the next rental payment is due, the Association shall have the right to terminate the lease and evict the tenant. All sums received from the tenant shall be applied to the Owners account for the leased property according to the priority established in Section 720.3085, Florida Statute, until the Owners account is current.

The terms of this Addendum are controlling over anything to the contrary in the Lease and cannot be modified without prior written consent of the Coral Lakes Community Association, Inc.

Owner:
Print: _____
Sign: _____

Tenant:
Print: _____
Sign: _____

Print: _____
Sign: _____

Print: _____
Sign: _____

Date: _____

Date: _____



POB 60753, FORT MYERS, FL 33906
TOLL FREE: 855-444-7448

NOTICE AND CONSENT - CONSUMER INVESTIGATIVE REPORTS

AUTHORIZATION

As part of the rental application process the landlord will request a background investigative and consumer credit report in connection with your application for purposes of evaluating your suitability as a qualified renter. This inquiry may include a review of current employment, credit report, civil and criminal record searches, general reputation, personal interviews with your neighbors, friends, current or former employers and landlords.

I authorize all persons, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release Global Investigative Group from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation. I have carefully read and understand this notice and by my signature below, I consent to the release of consumer and background investigative reports to Global Investigative Group, LLC. I understand that I may request a complete disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, or mode of living.

ALL REQUESTED INFORMATION MUST BE PROVIDED - PLEASE PRINT LEGIBLY

Applicant's Name (Print): _____

Current Home Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Rental Address: _____

Driver's License Number: _____ State: _____

Telephone Number: _____ Email: _____

Employer: _____

Vehicle(s) Owned: _____ Yr. _____ Tag #: _____ State: _____

Applicant's Signature: _____ Date: _____

REALTOR, PROPERTY MANAGER, or LANDLORD MUST COMPLETE THE FOLLOWING:

I certify that the person giving permission to run the credit and background report is the individual who signed the release.

Agency Name: _____

Signature of Agent/Landlord/Person Authorizing Credit/Background Check: _____

**** Applicant is responsible for payment of Background Investigation fee regardless of whether they lease or decide not to.**

Copy of Gov't Issued Photo ID Required with Application



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TOLL FREE: 855-444-7448

NOTICE AND CONSENT - CONSUMER INVESTIGATIVE REPORTS

AUTHORIZATION

As part of the rental application process the landlord will request a background investigative and consumer credit report in connection with your application for purposes of evaluating your suitability as a qualified renter. This inquiry may include a review of current employment, credit report, civil and criminal record searches, general reputation, personal interviews with your neighbors, friends, current or former employers and landlords.

I authorize all persons, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release Global Investigative Group from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation. I have carefully read and understand this notice and by my signature below, I consent to the release of consumer and background investigative reports to Global Investigative Group, LLC. I understand that I may request a complete disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, or mode of living.

ALL REQUESTED INFORMATION MUST BE PROVIDED - PLEASE PRINT LEGIBLY

Applicant's Name (Print): _____

Current Home Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Rental Address: _____

Driver's License Number: _____ State: _____

Telephone Number: _____ Email: _____

Employer: _____

Vehicle(s) Owned: _____ Yr. _____ Tag #: _____ State: _____

Applicant's Signature: _____ Date: _____

REALTOR, PROPERTY MANAGER, or LANDLORD MUST COMPLETE THE FOLLOWING:

I certify that the person giving permission to run the credit and background report is the individual who signed the release.

Agency Name: _____

Signature of Agent/Landlord/Person Authorizing Credit/Background Check: _____

**** Applicant is responsible for payment of Background Investigation fee regardless of whether they lease or decide not to.**

Copy of Gov't Issued Photo ID Required with Application

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Homeowner Pet Addendum

The Board of Directors for Coral Lakes Community Association required that Applicants inform the Board of the type and weight of pets. Community Restrictions **Section 7 Article 24** states:

No more than two (2) household pets (domestic dogs/cats) may be kept, if both weigh under fifty (50) pounds, or one such pet if such weighs over fifty (50) pounds, provided they are not kept, bred or maintained for any commercial purpose, and provided that they do not become a nuisance or annoyance to any neighbors by reason of barking or otherwise. NO Pit Bull Terriers are permitted without consent of the Approving Party. No animals may be allowed around the community unless they are leashed (including cats) as stated in Animal Control Ordinance 06-12. Pets are not allowed in and around the Clubhouse facilities. Owners MUST pick up, and dispose of in an appropriate manner, all waste deposits from their pets. Failure to abide by the regulations as stated herein may result in a fine against the tenant and/or owner, and removal of the pet from the development.

Name: _____ Type/ Breed: _____ Color: _____ Weight _____

Name: _____ Type/ Breed: _____ Color: _____ Weight _____

A copy of the Registration Form, current Vaccination Records, and Photos are required for all pets listed above.

I / We agree to abide by the above.

Applicant Signature

Applicant Signature

I / We do not have pets.

Applicant Signature

Applicant Signature

Attach photo:

Coral Lakes Community Association
c/o ICON Management
11691 Gateway Blvd, Suite 203
Fort Myers, Florida 33913

Character Reference Form

This section to be completed by Applicant prior to giving to Reference

Applicant Name: _____

Address at Coral Lakes: _____

This section to be completed by person submitting the reference

Date reference is given: _____ / _____ / _____
Month day year

Reference's Name: _____
Print First and Last Name

City, State & Zip: _____

Telephone: _____ Cell: _____

Email: _____ @ _____

To whom it may concern:

The Applicant named above is applying for approval for residency in a Deed Restricted Community. The Board of Directors would appreciate it if you would furnish us with information you feel to be pertinent in verifying the character and stability of the applicant. This completed Character Reference Form MUST be received in order for the Board to approve their application for lease. Thank you for your assistance in this matter.

How do you know the Applicant? _____

For how long have you known the Applicant? _____

Would the Applicant make a good neighbor? Yes No

Please describe the Applicants character and stability as you know them:

Reference's Signature

3 character reference forms required.

All Applicants Initials

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c/o ICON Management
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Fort Myers, Florida 33913

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Applicant Name: _____

Address at Coral Lakes: _____

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Date reference is given: _____ / _____ / _____
Month day year

Reference's Name: _____
Print First and Last Name

City, State & Zip: _____

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How do you know the Applicant? _____

For how long have you known the Applicant? _____

Would the Applicant make a good neighbor? Yes No

Please describe the Applicants character and stability as you know them:

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c/o ICON Management
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Fort Myers, Florida 33913

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This section to be completed by person submitting the reference

Date reference is given: _____ / _____ / _____
Month day year

Reference's Name: _____
Print First and Last Name

City, State & Zip: _____

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Would the Applicant make a good neighbor? Yes No

Please describe the Applicants character and stability as you know them:

Reference's Signature

3 character reference forms required.

All Applicants Initials