

10 Year Anniversary 2002-2012



Accounting Services, Inc.

"The Premier Accounting Firm for Condos and HOAs in SW Florida"

**FOXMOOR CONDOMINIUM ASSOCIATION, INC.**

**RENTAL/LEASE APPLICATION**

Revised 08-2019

**Submit by Mail or Deliver in Person**

**Foxmoor Condominium Association, Inc.**

**KPG Accounting Services, Inc.**

**3400 Tamiami Trail North, Suite 302**

**Naples, FL 34103-3717**

**Telephone: (239) 434-8866 Fax: (239) 791-1187**

**Please submit application at least 30 days prior to rental effective date.**

New Application\_\_\_ Repeat Seasonal Rental\_\_\_ Annual Lease Renewal\_\_\_ Previous Date\_\_\_\_\_

**ATTACH THE FOLLOWING/INCOMPLETE APPLICATION WILL BE RETURNED**

**ALL APPLICATION FEES ARE NON-REFUNDABLE**

- Copy of rental/lease agreement (6months maximum)
- Copy of applicant(s) Driver's License
- 3 letters of personal reference
- \$50.00 Application fee payable to **Foxmoor Condominium Association**
- \$50.00 Application Processing fee payable to **KPG Accounting Services, Inc.**
- \$50.00 Convenience fee if application not received 30 days prior to start of lease payable to **KPG Accounting Services, Inc.**
- \$50.00 Background check **per person** over the age of 18 payable to **Foxmoor Condominium Association.** Background checks **NOT** required for Repeat Seasonal Rentals or Annual Lease Renewals.
- \$100.00 Background check per person (International Citizen) over the age of 18 payable to **Foxmoor Condominium Association.**

**LEASING ONLY APPLIES TO OWNERS WHO PURCHASED PRIOR TO June 2, 2005.**

Refer to Recorded Certificate of Amendment Declaration of Condominium and Rules and Regulations filed in the Public Records of Lee County, Florida on June 2, 2005.

**All leases shall be for a minimum period of sixty (60) consecutive days or two calendar months, and no more than six months. Each Unit shall be rented no more than six months in any given calendar year and no more than twice in any 6 month period. All leases shall be limited to two (2) permanent occupants per bedroom. A permanent occupant shall include any person who resides in a unit for any period exceeding fourteen (14) days during any calendar year.**

Application for lease along with the fee shall be submitted to the Association. Application of renewals of lease shall be submitted at least thirty days (30) days in advance of the expiration of the lease agreement. If the lease application or renewal is disapproved, the Association shall have no duty to provide an alternate lessee.

Unit Address: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Rental dates: from: \_\_\_\_\_ to: \_\_\_\_\_

Rental Agent: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION: COMPLETE ALL REQUIRED AND ALL SIGNATURES AND INITIALS.**

Full name of Applicant \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Full name of Spouse or Co-Applicant \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

1. Home Address: \_\_\_\_\_

2. Home Phone: \_\_\_\_\_ Mobile \_\_\_\_\_ Work: \_\_\_\_\_

3. Employer: \_\_\_\_\_

4. Position Occupied: \_\_\_\_\_

5. The Governing Documents of Foxmoor Condominium Association, Inc. provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to be notified in case of emergency: \_\_\_\_\_

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

6. Make of automobile: year \_\_\_\_\_ License plate # \_\_\_\_\_ State \_\_\_\_\_

Make of automobile: year \_\_\_\_\_ License plate # \_\_\_\_\_ State \_\_\_\_\_

**(No commercial or oversized vehicles allowed)**

7. Mailing address for billings and notices connected with this application:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

8. There shall be no sub-leasing of a Unit by any tenant. Rent Sharing by unrelated parties is prohibited. \_\_\_\_\_ Initial(s)

9. **TENANTS/GUESTS MAY NOT HAVE PETS OF ANY KIND IN THE UNIT OR ON THE PROPERTY.** \_\_\_\_\_ Initial(s)

10. I (We) am(are) aware of and agree to abide by Foxmoor Condominium Governing Documents and I (we) acknowledge receipt of a copy of the Community Association Rule and Regulations. \_\_\_\_\_ Initial(s) **Owner or Agent to provide lessee with the Foxmoor Community Association Rules and Regulations.**
  
11. Do any occupants have a history of eviction suits, judgments, bankruptcies, foreclosure, assault, domestic violence, disruptive behavior, complaints, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give details and dates \_\_\_\_\_  
 Please use the back of this page if more space is needed
  
12. Tenants may not move in until the Association has tendered official approval of the lease, and further, that moving in prematurely constitutes grounds for disapproval.  
 \_\_\_\_\_ Initial(s)
  
13. I (We) declare the foregoing information is true and correct. I (We) consent to additional inquiry concerning this application including the background check, and a possible credit check.  
 I (We) understand the necessary confidential information will remain confidential by the Association’s Officers and/or the Association Designee. \_\_\_\_\_ Initial(s)
  
14. I (We) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction and prevent or stop violations by lessees and their guests.** \_\_\_\_\_ Initial(s)

_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date
_____ Owner of Record Signature	_____ Date	_____ Owner of Record Signature	_____ Date

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- Applicant Approved                       Applicant Disapproved

_____ Association President / Board Member	_____ Date
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