

PIPER'S POINTE LEASE APPLICATION

c/o Gulf Breeze Management Services of S W Florida, Inc.
8910 Terrene Court - Suite 200
Bonita Springs, FL 34135-9514
Tel: (239) 498-3311 FAX: (239) 498-4974

DO THE APPLICANT(S) BELOW SPEAK, WRITE AND UNDERSTAND ENGLISH?

YES ☐ NO ☐

[Fill in the appropriate circle]

If NO, please provide in detail the method used to interpret and fully comprehend the contents of this form, the condominium documents, and the rules and regulations mentioned in the acknowledgements of this form.

Is this a 3–6 month seasonal lease application? _____

SPECIAL PROVISION – Read Carefully

I have been provided access to the Abridged Version of the Rules and Regulations and Related Information of this Association. The latest version may be accessed via: www.piperspointecondo.com in the documents section.

I have read and understand the abridged version, prior to executing this agreement. I understand that I

PIPER'S POINTE LEASE APPLICATION

will share the contents this updated abridged edition with my family and guests when hosting them for any stay.

I acknowledge this provision of the application by signing here:

Mandatory SIGNATURE OF LESSEE

PRINTED NAME

Mandatory SIGNATURE OF CO-LESSEE

PRINTED NAME

IMPORTANT NOTICE

Leases in Piper's Pointe Condominium Association, Inc. have a maximum term of one (1) year. You are hereby reminded that your tenancy or lease must be renewed annually before the anniversary date of the existing lease. The renewal application form must be approved by the Board of Directors. A \$10.00 Renewal Fee is payable annually with the renewal application to Piper's Pointe Condo. Assoc., Inc. Your unit owner/landlord is responsible for this process, and you should contact them at least 30 days prior to your lease expiration date to renew.

The necessary and proper submission of this Lease Application is the sole responsibility of the unit owner. The owner(s) is/are responsible to ensure that the applicant and/or leasing agent completes the entire application. The current version of the application form must be utilized. Each page of the application shall be initialed by the applicant, and all information shall be clearly legible without exception. All items must be answered, and if not relevant, "N/A" shall be indicated.

PIPER'S POINTE LEASE APPLICATION

A copy of the Owner's Lease Agreement, the HOA-4 Insurance Binder, copies of the DMV Registration Certificate(s) for any vehicles to be permitted, Character References, the appropriate Security Deposit, along with the Application Fee of \$100.00 (Money Order or Check) for processing, must accompany this application.

This application, accompanied by all requested documents, shall be submitted to Gulf Breeze Management Services of S W Florida, Inc. at least thirty (30) days prior to the expected lease commencement; [Seven (7) days if applying under the provisions of Florida Statute 250.01]. If any information is missing and/or requires clarification, the applicant has three (3) days to comply with the request for additional information.

The applicant and owner are responsible for updating all information with Gulf Breeze Management Services of S W Florida, Inc. during the term of the lease.

[Any and all changes to the lease require the owner's and Board of Directors approval].

SECURITY DEPOSIT REFUNDS are processed after vacating and inspection of the unit upon the request of the applicant by notifying via e-mail Gulf Breeze Management Services of SW Florida, Inc. to tracy.minniti@gulfbreezemanagement.com

I hereby apply for approval to LEASE Unit #_____, located at #_____ Wading Bird Circle or Grand Oaks Way in Piper's Pointe, a condominium, for the period beginning: _____ and ending _____.

Current Owner of Record (Full Name): _____

Full Name of **Lessee**: _____

Current Address _____

City: _____ State/Prov. _____ Postal Code _____

Social Security # _____

PIPER'S POINTE LEASE APPLICATION

E-Mail Address: _____

Home Phone # _____ Work # _____

Cell # _____ Other _____

Date of Birth (MM/DD/YYYY) _____

Occupation/Business/Profession: _____

Employer: _____ Tel. # _____

Address: _____

If Retired: Former Occupation Business/Profession: _____

City: _____ State/Prov: _____ Postal/Zip Code: _____

Full Name of **Co-Lessee** (If applicable): _____

Current Address _____

Current Address _____

City: _____ State/Prov. _____ Postal/Zip Code _____

Social Security # _____

E-Mail Address: _____

Home Phone # _____ Work # _____

Cell # _____ Other _____

Date of Birth (MM/DD/YYYY) _____

Occupation/Business/Profession: _____

Employer: _____ Tel. # _____

Address: _____

If Retired: Former Occupation Business/Profession: _____

City: _____ State/Prov: _____ Postal/Zip Code: _____

PIPER'S POINTE LEASE APPLICATION

ADDITIONAL RESIDENTS:

Please state name, relationship and date of birth of all persons to be in residence (Social Security Number for Occupants 18 years and older required)

Occupant #2 Relationship Age
SS # _____ D.O.B.: ____ / ____ / ____

Occupant #3 Relationship Age
SS # _____ D.O.B.: ____ / ____ / ____

Occupant #4 Relationship Age
SS # _____ D.O.B.: ____ / ____ / ____

***For occupancy in designated Three (3) Bedroom Units only**

* _____
Occupant #5 Relationship Age
SS # _____ D.O.B.: ____ / ____ / ____

* _____
Occupant #6 Relationship Age
SS # _____ D.O.B.: ____ / ____ / ____

*Are **all** proposed Lessees U.S. citizens? Yes: ____ No: ____

If no, what is the immigration status?

*Has the Lessee or Co-Lessee ever filed bankruptcy? Yes: ____ No: ____ Year?

*Has anyone to be in residence been convicted of a felony? Yes : ____ No: ____

Year: _____ Reason: _____

PIPER'S POINTE LEASE APPLICATION

Has anyone to be in residence been convicted for being under the influence **or** dealing in drugs, including alcohol? Yes: ____ No: ____ Year: ____

Has anyone to be in residence been convicted of a sexual related offense?

Yes ____ No ____

PERSONAL VEHICLES:

Make/model of cars to be parked at the condominium (maximum two vehicles permitted to each unit). All vehicles require a Piper's Pointe Condo. Assoc. issued parking permit which is always to be properly displayed while on the property. Refer to Rules and Regulations for Guest parking protocols. **PERMITS REMAIN PROPERTY OF THE ASSOCIATION.**

#1 Make _____ Year: _____ State/Prov: _____ Color: _____

Plate/Tag _____ REGISTERED OWNER: _____

Is this vehicle manufactured, placarded or used for commercial business? _____

#2 Make _____ Year: _____ State/Prov: _____ Color: _____

Plate/Tag _____ REGISTERED OWNER: _____

Is this vehicle manufactured, placarded or used for commercial business? _____

All vehicles shall be owned/authorized to the registered occupants.

IN AN EMERGENCY

Person to be Notified in Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Other: _____ Cell Phone: _____

Address: _____

City: _____ State/Prov: _____ Postal/Zip Code: _____

PIPER'S POINTE LEASE APPLICATION

HISTORY

Name of Current or Most Recent Landlord {State "owned", if owned}

Name: _____

Address _____

City _____ State/Prov _____ Zip/Postal _____

Telephone _____ How Long Leased/Owned _____

May we consult the most recent landlord? _____

CHARACTER REFERENCES – Two locally preferred Non-Family Members

Please complete and return the Character References forms attached to this application. The Board of Directors reserves the right to contact Character References for the purpose of processing this application.

Additionally, the Board of Directors reserves the right to interview the prospective Lessee(s) and all other individuals intended for occupancy who have reached the age of eighteen (18) years.

Mailing Address for Notices Associated with This Application.

Name: _____

Address: _____

E-mail: _____

ACKNOWLEDGEMENTS

Piper's Pointe Condominium Declaration specifies that "each condominium unit shall be occupied by a **single family**, as a residence, and for NO OTHER PURPOSE WHATSOEVER," and "in no event shall occupancy exceed two (2) persons per bedroom and/or den." Subsequent changes to this occupancy information must be reported to the Association.

Acknowledged by initialing here: _____

I comprehend that the Association mandates the maintenance of a Florida HO-4 Insurance Policy prior to occupancy and during occupancy, respectively.

Acknowledged by initialing here: _____

I understand and agree that the Association **prohibits boats, motorcycles, scooters, trucks (including pick-up trucks, vans not designed for passengers, vans with racks, tool bodies, welder's compressors or other equipment in or attached to the bed or roof), and any commercial vehicles, vehicles used for commercial purposes, trailers, recreational vehicles, vehicles with a wheel size more than 33 inches high or other motor vehicle, except four (4) wheel passenger automobiles, vans or trucks built by the manufacturer as passenger trucks as determined by the Board of Directors shall be placed, parked or stored on the Association property for**

PIPER'S POINTE LEASE APPLICATION

a period more than four (4) hours in the aggregate, in anyone 24 hour period unless such vehicle is necessary in the actual construction and/or repair of a structure or for ground maintenance nor shall any maintenance or repair be performed on any boat or motor vehicle not owned or controlled by the Association. Normal working hours are 7:00 AM to 7:00 PM. Outside this time frame allowed only for an Emergency. No vehicle of any kind in serious need of repair, visual or otherwise, may be placed, parked, or stored in Association property for a period of more than four (4) hours. Vehicles leaking any fluids, such as grease and oil, shall not be placed, parked, or stored on Association property at any time. Vehicle owner will bear the cost of mitigating spillage.

For clarification, the four-hour rule permits visitors to park for up to four hours and prohibits residents from parking prohibited vehicles.

Acknowledged by initialing here: _____

Do you currently have any pets that you intend to harbor in Piper's Pointe? _____ *[Strictly enforced]*

I acknowledge and agree that lessee(s) and occupants are prohibited from harboring any pets of any kind. I will adhere to these provisions throughout the term(s) of my lease. I understand that I will be subject to legal action for any violation

PIPER'S POINTE LEASE APPLICATION

of the laws of the State of Florida or the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA), as they pertain to “Emotional Support or equal” animals.

Furthermore, if the Association is required to approve tenancy that includes an animal, with the exception of Bonafide Service Animals, you must provide an insurance binder in the amount of Twenty Thousand Dollars (\$20,000.00) with the Association listed as the beneficiary for all such animals. Additionally, you must provide a copy of the County license for the animal.

Acknowledged by signing here:

Signature _____

Required

I agree that I/we will not SUBLEASE, HARBOR or LOAN USE to anyone not stipulated and approved by the Board of Directors in writing. A violation of this section will result in termination proceedings of the lease, forthwith.

SIGNATURE OF LESSEE

In accordance with the regulations established by the Board of Directors, I shall ensure the cleanliness and tidiness of my unit's entry and doorways. This entails sweeping and removing any environmental debris or foreign objects that may accumulate.

Acknowledged by initialing here: _____

PIPER'S POINTE LEASE APPLICATION

I comprehend and concur that the Association, upon approving this LEASE, is empowered to act as the owner's agent, with complete authority to take any action it deems necessary, including eviction, to prevent violations by lessee(s) and their guests of the provisions of the Documents and the Rules and Regulations of the Association; the laws of the State of Florida and Collier County.

Acknowledged by initialing here: _____

I further agree to comply with the directives set forth by the Board of Directors of the Association or their agent, as may be promulgated from time to time.

Acknowledged by initialing here: _____ .

To facilitate the consideration of this application, I, the undersigned, hereby affirm that all information provided for this application is accurate and truthful. I acknowledge that any falsification or misrepresentation will warrant its disapproval. Furthermore, I agree to adhere to all Piper's Pointe Condominium Association, Inc. rules and regulations and understand that any violation of these rules and regulations may result in eviction.

Section 13.6 of the Amended and Restated Declaration of Condominium, which tenants are subject to, mandates that tenants adhere to the terms of the Declaration, the rules and regulations of the Association, and any other provisions contained within those documents. Should a tenant fail to comply with these provisions, they hereby acknowledge that the Association possesses the authority to terminate their lease on behalf of their landlord and cause their removal from the property, irrespective of any provisions outlined in their lease. In the event of such a breach, the tenant acknowledges and agrees that their lease may be terminated by the

PIPER'S POINTE LEASE APPLICATION

Association, and they may be compelled to vacate the unit. Any legal action brought by the Association will be subject to a summary procedure, during which the court will prioritize the case on its calendar..

This document is executed as a sealed instrument, signed this _____ day of _____ in the year _____.

Applicant: _____

Witness: _____

Co-Applicant: _____

Witness: _____

MANDATORY: By signing below the owner and/or the realtor, the individual acknowledges and confirms that the rules and regulations of the Association are made available to the applicant.

[The Rules & Regulations, along with other necessary information are available on *PipersPointeCondo.com*.]

The applicant will be provided with two (2) mailbox keys and at least one (1) amenity (pool) key. It is the sole responsibility of the owner/realty agent to ensure this provision. Subsequently, tenants shall be responsible for the keys and the cost of replacements if necessary and that the key provided to the PPCA Corporation secured for access to this unit is in full compliance with Florida Statute § 718.111(5)(a).

By signature below, I certify that ALL provisions of the previous two (2) paragraphs have been met.

PIPER'S POINTE LEASE APPLICATION

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Mandatory OWNER OR AGENT SIGNATURE

PRINTED NAME OF OWNER or AGENT EXECUTING THIS LEASE

D B A: _____

ADDRESS: _____

CITY: _____ ***STATE*** _____

TELEPHONE: _____ ***E-MAIL:*** _____

An application submitted without a signature will be deemed incomplete and not received or dated received.

APPLICATION PROTOCOL

Upon receipt of a completed application, the Association office will notify the prospective lessee within fifteen (15) days of whether the application has been approved. An application is void if it contains false statements. The received date is the date the application was completed without requiring a re-submission.

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FOR OFFICE USE ONLY

Notes:

TERM OF LEASE PROCESSED: LT-ONE (1) YEAR ____ SL-3-6 MONTHS ____

- ____ All entries completed
- ____ Owner/Applicant Lease Agreement
- ____ Legible Completed Application
- ____ Character References
- ____ Copies of DMV Registrations
- ____ Proof of HOA-4 Insurance Policy confirmation
- ____ \$20,000.00 animal insurance binder (if applicable)
- ____ \$100.00 payment to Gulf Breeze Management
- ____ \$1,200.00 Security Deposit by and for applicant (Long Term Lease) **OR**
- ____ \$700.00 Security Deposit (Seasonal Lease)

PIPER'S POINTE LEASE APPLICATION

Name of Security Deposit Payee provided. _____

Date Received: _____ by Gulf Breeze Management Services of S W Florida.

Forwarded to the BOD on: _____

ACTION - THE BOARD OF DIRECTORS

Approved _____ Disapproved _____ Date: _____

Board Member: _____

Title: _____

NOTES: