Property Management Professionals

Camelot Park Homeowners Association, Inc.

LEASE APPLICATION

Mail:	or	Drop Off:

Camelot Park
c/o PMP of SWFL, Inc.
75 Vineyards Blvd., Third Floor
Naples, FL 34119
Ph# 239-353-1992

Please submit application at least 20 days prior to lease date

<u>APPLICATION ARE NOT COMPLETE WITHOUT THE FOLLOWING</u>

- 1. Copy of Lease Contract.
- 2. Completed Lease Application.
- 3. Application fee. Check or Money Order for \$100 payable to <u>Camelot Park HOA, Inc.</u>

 Application fee is non-refundable
- 4. No more than one lease may be permitted in a fiscal year.

I (we) hereby apply for approval to lease:				
Address:				
Lease Term Start Date:	End Date:	 -		
Realtor:				

CAMELOT PARK HOMEOWNERS ASSOCIATION, INC. APPLICATION FOR APPROVAL TO PURCHASE or LEASE

10:	The Board of Directors of Ca (Please check appropriate box)	melot Park Homeo	wners Association, I	nc.
	I hereby apply for approval to HOA, Inc. and for membership A complete copy of the signed	in the Homeowners	Association.	at Camelot Park
	I hereby apply for approval to <u>le</u> Inc. for the period beginning A complete copy of the signed	ase 20 and lease is attached.	l ending /20	at Camelot Park HOA,
Note:	A non-refundable application fe form, either sale or lease. <u>Mak</u>	e of \$100.00 <u>Payabl</u> e check payable to:	e in U.S. Funds must Camelot Park HOA	be included with completed A, Inc.
Curre	nt Owner's Name(s)			
	PLEASE TYPE OR PRIM	NT LEGIBLY THE	E FOLLOWING INF	<u>ORMATION</u>
Ful	l name of Applicant		Soc. Sec. #	
	ver's License:			
	I name of Spouse (if any)			
	ver's License:			
	ne Address			
	/			Zip Code
	ephone: Home ()			
Tele	ephone: Home ()	Office ()	E-mail	
Nati	ure of Business or Profession			
	etired former business or profession			
	npany or Firm Name:			
	iness Address:			

Other Residents (Include children and children's ages) Name: ______ Age: _____ Relationship:_____ Name: Age: _____ Relationship:_____ Name: _____ Age: _____ Relationship:_____ Name: _____ Age: Relationship:_____ Make of car to be kept on the property: Model/Make _______ Year _____ License Number _____ State ____ Make of car to be kept on the property: Model/Make ______ Year _____ License Number _____ State ____ Check one of the following: If this transaction is a sale, please check the number that applies BILLING ADDRESS I am purchasing this unit with the intention to: (1) _____ Reside here on a full-time basis (2) _____ Reside here on a part-time basis ☐ Vineyards address ☐ Alternate address (3) Lease the unit **EMERGENCY CONTACT AND ACCESS** * It is highly recommended that you leave your key with someone locally for emergency purposes. In an emergency and there is no key available you will be charged with any locksmith fee if access to your unit is necessary. If you have this information, please provide now or you may do so later. (Please list an individual, other than yourself, who would know your whereabouts should there be an emergency.) * Name:______Telephone:_____ Address: ______ Relationship: Resident key left with: Telephone: _____ Home Care: Telephone____

The Documents of Camelot Park HOA, Inc. provide for the obligation of owners that all homes are to be used as single-family residences only. Please state the name and relationship of all persons who will be occupying the

home on a regular basis.

I (we) will provide the Association with a copy of our recorded deed within ten (10) days after closing.

I agree to abide by the Declaration of Covenants, the Articles of Incorporation, By-laws and all properly promulgated rules and regulations. I understand and agree that the Association, in the event it approves the lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessee's and their guests, of provisions of the Associations Governing Documents, Covenants, By-Laws, and the Rules and Regulations of the Vineyards Camelot Park Homeowners Association.

The prospective purchaser or lessee will be advised by the Association office within a 30-day period (15 days for leases) from the date of application, of whether this application has been approved. Lessee will not move in until application is approved.

AUTHORIZATION: I/We hereby authorize Camelot Park Homeowners Association, Inc. to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction, and criminal and authorize that they contact any persons or companies listed on the application. I represent that the following information is factual and correct and agree that any falsification or misrepresentation in this application will justify it disapproval.

APPLICATION FEE IS NON-REFUNDABLE

DATED:			
		APPLICANT	
		APPLICANT	
		APPLICATION APPROVED	DISAPPROVED
DATE: _			
BY:			
	Officer or Dire	ector	

Pet Registration Form

Date:	
Name of Unit Owner:	
Contact Information: Phone:	_Cell #:
Email Address:	
Pet Information	
Type: (dog, cat)	Name:
Breed:	
Type: (dog, cat)	Name:
Breed:	
 Please attach: Dog's current vaccination record (ava Photo of your dog or cat 	ailable from Veterinarian)
	riers, Staffordshire Terriers, Rottweilers, Presa Canarios, Chows hybrids, Mastiffs, Cane Corsos, Alaskan Malamutes,
	Reptiles etc. Household pets other than those commonly kept—pecific approval by the Board. Pets may not be left unattended on Elements.
	mmon Areas except to the extent permitted by the Declaration of like shall be allowed only if carried or on a leash while on up after their pets.
violation of the foregoing and any occupant of a un	le for any person injury, death or property damage resulting from a nit committing such a violation shall fully indemnify and hold ment, each unit owner and Association in such regard.
Signature:	Date:
Signature:	Date: