

Cinnamon Cove Single Family II Condominium Association, Inc.

Sandcastle Property
Management 16266
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10 Fort Myers, Florida
33908

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Administrator@SandcastlePMB.com
www.SandcastlePMB.com

NOTICE OF LEASE APPLICATION

This form must be submitted to Cinnamon Cove Single Family II Condominium Association Board of Directors at least (15) days prior to the start of any lease. PETS are not permitted in leased units.

- NO LEASE MAY BE FOR A PERIOD OF LESS THAN THIRTY (30) CONSECUTIVE DAYS;
- USE OF UNIT IS LIMITED TO SINGLE FAMILY RESIDENCY;
- OCCUPANCY OF THE UNIT IS LIMITED TO LESSEE AND HIS/HER IMMEDIATE FAMILY LISTED BELOW;
- **RENTERS MAY NOT HAVE PETS.**

For a lease, in compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) serve notice as Owners(s) or Agent of the referenced unit below. I (we) intend to offer said for lease in accordance with the attached lease agreement.

I (we) understand and hereby agree that I (we) are fully responsible for ensuring the lessee and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I (we) further agree to provide Lessee with copies of the same.

CURRENT OWNER OF RECORD: _____

ADDRESS: _____

TERM OF LEASE: _____ FROM: _____ TO: _____

UNIT OWNER INFORMATION (LESSOR)

NAME: _____

PERMANENT ADDRESS: _____

PHONE: () ____ - _____ EMAIL: _____

LESSEE INFORMATION #1

NAME: _____

CURRENT ADDRESS: _____ PHONE: () ____ - _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ PHONE: () ____ - _____

VEHICLE 1: YR/MAKE/MODEL: _____ LICENSE #: _____ STATE: _____

LESSEE INFORMATION #2

NAME: _____

CURRENT ADDRESS: _____ PHONE: (____) ____ - _____

E-MAIL ADDRESS: _____

EMPLOYER: _____ PHONE: (____) ____ - _____

VEHICLE 2: YR/MAKE/MODEL: _____ LICENSE #: _____ STATE: _____

SINGLE FAMILY RESIDENCE ONLY:

Will anyone other than those listed above occupy this unit? ____ No ____ Yes

Number of permanent occupants: _____ If yes, whom? Specify Name/Relationship:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: (____) _____ E-MAIL ADDRESS: _____

TWO (2) PERSONAL REFERENCES: (local if possible)

NAME: _____ ADDRESS: _____

PHONE: (____) _____ E-MAIL ADDRESS: _____

NAME: _____ ADDRESS: _____

PHONE: (____) _____ E-MAIL ADDRESS: _____

I (we) have received and read a copy of the Cinnamon Cove Single Family II Condominium Association, Inc. Declarations of Covenants, Rules and Regulations and Use Restrictions. These may be found online at <http://www.sandcastlepmb.com/client-access/single-family-ii/>. I (we) understand these Declarations of Covenants, Rules, Regulations, and Use Restrictions, and agree to abide by them as long as I (we) reside at Cinnamon Cove Single Family II Condominium Association. I (we) do understand that failure to do so provides cause for immediate action as therein provided, or termination under appropriate circumstances.

Applicant's Signature #1

Date

Applicant's Signature #2

Date

Unit Owner's Signature

Date

LEASING AGENT INFORMATION:

FIRM HANDLING LEASE: _____ PHONE () _____ - _____

AGENT NAME: _____ FAX () _____ - _____

THE FOLLOWING ITEMS MUST BE SUBMITTED TO SANDCASTLE PROPERTY MANAGEMENT FOR PROCESSING:

Completed Cinnamon Cove Single Family II Lease Application.

Copy of the signed lease/rental agreement.

\$100.00 Non-refundable Processing Fee payable Sandcastle Property Management, Inc.

\$75.00 per adult Background check fee made payable to Sandcastle Property Management, Inc.