

**Bermuda Gardens Condominium Association, Inc.**

**Lease Application Form**

**Must be submitted 20 days prior to occupancy (No Exceptions)**

**Lessee(s) Information**

I/We hereby apply for approval to lease in Bermuda Gardens Condominium Association, Inc.

**Please Print**

Full Name of Applicant: \_\_\_\_\_

Full name of Spouse/Other: \_\_\_\_\_

Current Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H#): \_\_\_\_\_ Cell#: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Person(s) to be notified in case of emergency: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The condo documents of Bermuda Gardens Condominium Association provide an obligation of unit owners that are for single family residence only. Please provide the name(s), relationship, and age of other persons who will be occupying the unit. Maximum of six (6) people allowed to occupy the unit.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

# Bermuda Gardens Condominium Association, Inc.

## Lease Application

### Lessee(s) Information

#### Please Print

I understand and agree that the Association, in the event it approves a 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 lessees and their guests, of provisions of the Documents and the Rules and Regulations of the Association.

#### Some Important Rules and Regulations for Lessee

Must acknowledge full receipt of association documents

No pets will be permitted in tenant occupied units. \_\_\_\_\_ Initial

Parking allowed in designated areas only. **Obey speed limit.** \_\_\_\_\_ Initial

No campers, RV's, boats, trailers or motorcycles and mopeds, \_\_\_\_\_ Initial

Pick-up truck beds must be emptied or must have an approved cover. \_\_\_\_\_ Initial

No tarps on trucks. No signage on any vehicles. \_\_\_\_\_ Initial

Lessee must be present when guests are in the unit. \_\_\_\_\_ Initial

I am aware of and agree to abide by the Condominium Documents and Rules and Regulations. I acknowledge receipt of a full copy of the Association Rules from owner: \_\_\_\_\_ Initial.

If you did not receive a copy of the Association Documents and Rules please contact Sandcastle Community Management for a copy.

I agree to pay a non-refundable **\$150.00** fee in connection with the lease to cover administrative expenses relating to the approval process. I agree to pay a non-refundable \$50 background check per person for new lessees. I agree to submit all fees payable to: **Bermuda Gardens Condominium Association, Inc.** Access can be denied without the receipt of the application fee along with all paperwork.

**Please submit three (3) letters of references with the application. First time lessees only. (Name, address and phone number.) Relatives of applicant(s) may not be used as references. A copy of the lease MUST also be attached.**

**Please submit application, references, copy of lease, and non-refundable fees to:**

**Sandcastle Community Management  
9150 Galleria Court, Suite 201  
Naples, FL 34109**

Maximum of two (2) vehicles.

**Make of Automobile(s):** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Make of Automobile(s):** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Bermuda Gardens Condominium Association, Inc.**

**Lease Application**

**Owner(s) Information**

**Please Print**

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

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

Owner(s) Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Agent Company: \_\_\_\_\_ Phone # \_\_\_\_\_  
(If applicable)

Date of Lease

From: \_\_\_\_\_ To: \_\_\_\_\_

**Minimum rental period of (30) consecutive days with a maximum of (3) rentals in any calendar year.**

**Maximum rental period (1) year.**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**For Property Management and Board Use Only**

**( ) Applicant Approved**

**( ) Applicant Disapproved**

\_\_\_\_\_  
**Association President/Board Member / Date**

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature

**Bermuda Gardens Condominium Association, Inc.**

**Character Reference Form**

c/o Sandcastle Community Management  
9150 Galleria Court Suite 201  
Naples, FL 34109

DATE: \_\_\_\_\_

Name of applicant's reference: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Your name was given to us as a reference by (applicant(s)' name) \_\_\_\_\_

I / we will be BUYING \_\_\_\_\_

Unit # \_\_\_\_\_ at BERMUDA GARDENS CONDOMINIUM in Bonita Springs, Florida. The Board of Directors at BERMUDA GARDENS CONDOMINIUM needs your help with the following questions:

Please fill this out as quickly as possible and return to the person buying. This reference letter MUST be sent with the application in order for the Board to approve their PURCHASE. We appreciate your assistance in this matter.

Thank you,

Known for how long \_\_\_\_\_

Make a good neighbor? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the best you can the type of people they are \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Reference Signature