



**COMMUNITY ASSOCIATION AT ESTERO, INC.**

**MASTER ASSOCIATION APPLICATION FOR APPROVAL OF LEASE FORM**

The **Master Association** Application for Approval of Lease Form must be completed in detail. Use of the home you are leasing is for single family residence only.

1. The application will be returned, not processed and not approved if any question is not answered, left blank or incomplete.
2. Please attach a completed signed copy of the Rental/Lease Agreement to this application.
3. Please attach legible driver’s license of all parties listed on the application.
4. Please attach checks to this application as disclosed on the application.
5. **Note:** Acceptance of the processing fee does not in any way constitute approval of this transaction.
6. The completed **Master Association** application must be submitted to **Marsh Landing** at least 30 days prior to the expected move in date.
7. In the case of **Villa or Coach Home units**, a **separate application** and non-refundable processing fee made payable to the appropriate association may also be required and **submitted directly** to the appropriate association management company.

\*

\* TOWNHOUSE CONDOMINIUM ASSOCIATION I TO IX (Advanced Property Management Service, Inc.  
1035 Collier Center Way #7, Naples, FL 34110) (239-513-9433)

\*VILLA I HOMEOWNERS ASSOCIATION (Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135)  
(239-947-4552)

\*VILLA II HOMEOWNERS ASSOCIATION-Self Managed (Jim McCrow-23197 Grassy Pine Dr., Estero, FL 33928).  
(MLVILLA2HOA@gmail.com)

8. No commercial vehicles, trucks, boats, trailers, motor homes, mobile homes, campers, recreational vehicles, motorcycles, etc. are permitted to be parked on the premises overnight, unless housed in garage.
9. The owner must notify Marsh Landing office with the exact date of the leasing of their home.
10. We prefer all moving of furniture in or out of a home occur on Monday through Saturday between the hours of 8:00 A.M. and 6:00 P.M.
11. After approval, please proceed to the Clubhouse to obtain your security and gate code. Hours of operation for the office is 8:00 AM – Noon Office( 239) 498-6309 Fax (239) 498-4543

**PLEASE PRINT OR TYPE ALL INFORMATION ON THE FORMS AND RETURN TO:**

**Marsh Landing Community Association at Estero, Inc.  
22901 Marsh Landing Blvd.  
Estero, FL 33928**

**Office: (239) 498-6309 Fax: (239) 498-4543**

**Additional Fees Required for Lease by Neighborhood Association**

**CONTACT THE APPROPRIATE MANAGEMENT COMPANY FOR  
ADDITIONAL REQUIREMENTS.**

<u>Neighborhood Association</u>	<u>Processing FEE</u>
Marsh Landing Villa I HOA	None
Marsh Landing Villa II HOA-	None
Marsh Landing Townhouse Condominium Association I	\$100.00
Marsh Landing Townhouse Condominium Association II	\$100.00
Marsh Landing Townhouse Condominium Association III	\$100.00
Marsh Landing Townhouse Condominium Association V	\$100.00
Marsh Landing Townhouse Condominium Association VI	\$100.00
Marsh Landing Townhouse Condominium Association VII	\$100.00
Marsh Landing Townhouse Condominium Association VIII	\$100.00
Marsh Landing Townhouse Condominium Association IX	\$100.00

\***VILLA I HOMEOWNERS ASSOCIATION** (Vesta Property Services, 27180 Bay Landing Drive, Suite 4, Bonita Springs, FL 34135)  
(239-947-4552)

\***VILLA II HOMEOWNERS ASSOCIATION**-(Marsh Landing Villa II -23197 Grassy Pine Dr., Estero, FL 33928).  
(MLVILLA2HOA@gmail.com)

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1035 Collier Center Way #7, Naples, FL 34110) (239-513-9433)



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22901 Marsh Landing Blvd.

Estero, FL 33928

Office: (239) 498-6309

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**MASTER ASSOCIATION APPLICATION FOR APPROVAL TO LEASE**

**\*\*NOTE\*\* The Marsh Landing Documents state that all units are to be used as single-family residences ONLY.**

Lease term minimum of sixty (60) days with a maximum of three (3) leases per year.

**IN ACCORDANCE WITH THE GOVERNING DOCUMENTS OF THE ASSOCIATION, THIS FORM AND ALL REQUIRED ENCLOSURES MUST BE SUBMITTED TO Marsh Landing THIRTY (30) DAYS PRIOR TO OCCUPANCY.**

**APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY.**

- Please Return FULLY COMPLETED APPLICATION, ALL REQUIRED ITEMS AND FEES
- APPLICATION PROCESSING FEE AND AMENITIES TRANSFER FEE ARE NON-REFUNDABLE
- Fully Completed Application
- Copy of Lease Agreement,
- Photocopy of Driver's License (All Applicants)
- Authorization Release Form(s) for Background check(s) (page 6/7)
- \$175.00 Amenities Transfer/Application Processing Fee payable to: **Marsh Landing Community Association**
- \$50.00 Per Person Background Check Fee payable to: **Marsh Landing Community Association**
- \$50.00 Convenience Fee if Application is received less than 30 days prior to occupancy payable to: **Marsh Landing Community Association**
- Background Check and Fee Not Required for Repeat Seasonal Tenant
- In addition, in the case of Townhouse/Condominium Units, a separate non-refundable Processing Fee made payable to the appropriate Association may also be required. Contact the appropriate management company for additional requirements. See page 2.



**Community Association at Estero, Inc.**

LEASE/RENTAL \_\_\_\_\_ SEASONAL REPEAT TENANT \_\_\_\_\_

**(Please complete entire application. An incomplete application will be returned, not processed and not approved)**

Property Address \_\_\_\_\_

I (We) (Current Owner of Record) \_\_\_\_\_

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

Do hereby submit the following application and understand what Rules and Regulations are applicable to all persons occupying my unit under any form of tenancy and that, as owner(s), I will be held responsible for any violation(s) and be subject to remedial action under the provisions of the Marsh Landing Community Association at Estero, Inc. documents.

**Term of Lease/Rental:** From \_\_\_\_\_ To \_\_\_\_\_

**Application for Annual Renewal of lease** must be submitted to Marsh Landing **30 days prior to date of renewal** and approved by the MLCA Board of Directors. Failure to follow the rules and regulations may result in eviction and/or termination of the lease.

Owner(s) Signature \_\_\_\_\_

A) (1) Applicant's Full Name [First, Middle, Last]: \_\_\_\_\_

(2) Applicant's Full Name [First, Middle, Last]: \_\_\_\_\_

Marital Status: \_\_\_\_\_

B) (1) DOB \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

(2) DOB \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

C) Applicant's Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobil: \_\_\_\_\_

Email \_\_\_\_\_

Length of Time at Current Address: \_\_\_\_\_

D) Auto #1: Make \_\_\_\_\_ Color \_\_\_\_\_ Yr. \_\_\_\_\_ License No. \_\_\_\_\_ St \_\_\_\_\_

Auto #2: Make \_\_\_\_\_ Color \_\_\_\_\_ Yr. \_\_\_\_\_ License No. \_\_\_\_\_ St \_\_\_\_\_

F) Additional **Other** Person(s) who will be occupying the Unit:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PETS**

**TENANTS or GUESTS ARE NOT PERMITTED TO HAVE PETS IN THE CONDOMINIUMS per documents:** \_\_\_\_\_  
Initial(s)

FOR VILLA and SINGLE FAMILY HOMES PETS ARE ALLOWED AT THE DISCRETION OF THE INDIVIDUAL HOMEOWNER.

Number \_\_\_\_\_ Type \_\_\_\_\_ BREED \_\_\_\_\_ Height/Weight \_\_\_\_/\_\_\_\_

**Initial(s)** \_\_\_\_\_ /We acknowledge receipt of and have read and agree to abide by the Covenant Restrictions and the Rules & Regulations for Marsh Landing Community Association at Estero, Inc. as they may exist. (It is the owner's responsibility to furnish)

**Initial(s)** \_\_\_\_\_ It is also our understanding that we are to obtain Garage Door Openers, and Key Fob(s) to the Clubhouse area from the owner of this unit.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Name of Real Estate \_\_\_\_\_

Email \_\_\_\_\_

Address Realtor \_\_\_\_\_ Phone \_\_\_\_\_

REAL ESTATE AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**ACTION OF BOARD OF DIRECTORS**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_

By: \_\_\_\_\_

By: \_\_\_\_\_

FOR Marsh Landing Community Association

FOR Villa or Condominium Association (IF APPLICABLE)

**Mail or Deliver in Person to:**

**Marsh Landing Community Association  
22901 Marsh Landing Blvd.  
Estero, FL 33928  
Office: (239) 498-6309 Fax: (239) 498-4543**

**Background Check Release Authorization Form**  
*Information Not for Distribution*

Applicant First Name      Applicant Middle Name      Applicant Last Name  
\_\_\_\_\_

Maiden or AKA Names

First      Middle      Last  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Address:**

Street      City      State      Zip  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Other Addresses during the past seven years:

Street      City      State      Zip  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION:**

Social Security Number (digits only) \_\_\_\_\_

Birth Date: (MM/DD/YYYY)      \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # \_\_\_\_\_

Issuing State: \_\_\_\_\_

**Have you ever been adjudicated guilty of a felony or first degree misdemeanor?** [ ] yes [ ] no

\_\_\_\_\_ (initial) *If yes*, for each offense please attach a separate sheet of paper providing the following information: Name of the Court; St./Province of Court; Date of Adjudication; Sentence of the court.

**Authorization to release information to Marsh Landing Community Association at Estero, Inc.**

You are hereby authorized to release and give to the below mentioned party or their attorney or representative, any and all information they request concerning my residence and background in reference with my application made for residency.

DESIGNATED PARTY: Fidelity Data Service

I hereby waive any privileges I may have with respect to the said information in reference to the release to the aforesaid party(s).

Applicant's Signature \_\_\_\_\_ Applicant's Name Printed \_\_\_\_\_

Date: \_\_\_\_\_

*Information Not for Distribution*

**Background Check Release Authorization Form**  
*Information Not for Distribution*

Applicant First Name      Applicant Middle Name      Applicant Last Name

\_\_\_\_\_  
Maiden or AKA Names

First      Middle      Last

\_\_\_\_\_  
\_\_\_\_\_

**Current Address:**

Street      City      State      Zip

\_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email Address: \_\_\_\_\_

Other Addresses during the past seven years:

Street      City      State      Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION:**

Social Security Number (digits only) \_\_\_\_\_

Birth Date: (MM/DD/YYYY)      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License # \_\_\_\_\_

Issuing State: \_\_\_\_\_

**Have you ever been adjudicated guilty of a felony or first degree misdemeanor?** [  ] yes [  ] no

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Applicant's Signature \_\_\_\_\_ Applicant's Name Printed \_\_\_\_\_

Date: \_\_\_\_\_

*Information Not for Distribution*