

**SPANISH GARDENS HOMEOWNERS ASSOCIATION
26750 SPANISH GARDENS DRIVE
BONITA SPRINGS, FL 34135**

**APPLICATION FOR PURCHASE OR RENTAL OF PROPERTY
Background check free \$75.00 per adult over 18 years of age**

The undersigned submits this application for approval by the Board of Directors to purchase or rent a unit in Spanish Gardens and state that the following information is true and correct.

I/WE understand that any intentional misrepresentation is grounds for automatic denial. We understand that an acceptance interview might be required prior to approval.

Allow at least 10 business days from the signed date of the application for processing which will include background checks.

Address of unit in request _____ Current Owner of unit _____
Or representative of unit _____ Telephone # _____
Signature of Owner or representative of owner _____
Date of Proposed Sale _____ or Lease Term from _____ to _____

Name of Adult Owner or Tenant #1: _____ DOB _____
Current address _____ since _____ E-Mail _____
Cell phone _____ Occupation _____
Employer _____ Telephone _____
Have you ever been convicted of a felony? No _____ Yes _____ If so when and charge: _____

Name of Adult Owner or Tenant #2: _____ DOB _____
Current address _____ since _____ E-Mail _____
Cell phone _____ Occupation _____
Employer _____ Telephone _____
Have you ever been convicted of a felony? No _____ Yes _____ If so when and charge: _____

If there are additional adults planning to reside at the premises listed please list here

Name(s) _____
Date of Birth(s) _____
Relationship(s) to Owner/Renter _____
Names and ages of minor occupants: 1) _____ 2) _____
3) _____ Please note: only approved residents may reside in premises unless otherwise approved by the BOD. This includes anticipated roommates (over 30 days).

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Name(s) of minor occupants: 1) _____ Age _____
2) _____ Age _____
3) _____ Age _____

Pets: County ordinances require that all pets be on leashes and all waste is required be picked up and disposed properly by owner: No aggressive dogs allowed. Applicant agrees to follow above: _____ (initials).

1) Name _____ Breed/Color _____ Age _____ Current weight _____

2) Name _____ Breed/Color _____ Age _____ Current weight _____

If your pet(s) are dog puppies, please provide expected grown weights 1) _____ 2) _____

Parking: The Spanish Gardens governing documents limit overnights vehicle parking to driveways only. Roadway parking is allowed during the day. Parking on the grass is **prohibited**. Vehicles must have current license tags and be in running order.

List make, model, color & tag numbers below:

Vehicles to reside on premises: 1) _____
2) _____
3) _____

Emergency Contacts: Name _____ Telephone No. _____
Name _____ Telephone No. _____

All residents and owners of Spanish Gardens are bound by the association's documents, bylaws and rules and regulations. Failure to do so constitutes grounds for denial of application and/or grounds for eviction. Deed restrictions include, but are not limited to exterior maintenance & alterations, animal control, noise control, vehicular parking and use of common ground areas.

_____ We understand Spanish Gardens has bylaws, Rules & Regulations and agree to abide by them, please see Spanish Gardens HOA Web Site for information.

_____ We understand Lee County's laws regarding animal control, communal living & vehicle registration requirements.

_____ We authorize **and have provided copies of our driver's licenses** to the association to run background checks for all who will be listed on this application and occupying the unit, and also signed the background check application from Global Investigative Group which is attached to this application.

_____ We have provided a copy of the lease or purchase agreement between the owner and between the current owner or current seller outlining the details of our agreement.

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Primary applicant's signature _____ Date _____

Print name of primary applicant _____

Co-applicant's signature _____ Date _____

Print name of co-applicant _____

Application along with required documents, application fees (must be a check, no cash will be accepted) can be mailed to Spanish Garden's mailing address. This is not a physical location, just mail box, or contact Vickie, President at 239-682-4380 or pressghoa @ gmail.com for hand delivery location.

Global Application required is attached as page 4.

To be completed by Management:

The Board of Directors of Spanish Gardens HOA approve the above application:

By: _____, its _____ Date _____

By: _____, its _____ Date _____

Final Approval Date: _____

**RENTAL APPLICATION
NOTICE AND CONSENT - CONSUMER INVESTIGATIVE REPORTS****AUTHORIZATION**No Credit Check Required: ☐

As part of the rental application process the landlord requests a background investigation and or consumer credit report in connection with your application for purposes of evaluating your suitability as a qualified renter. This inquiry may include a review of current employment, full credit report, civil and criminal record searches, general reputation, personal interviews with your neighbors, friends, current or former employers and landlords.

I authorize all persons, companies, corporations, landlords, banks, credit bureaus and law enforcement agencies to provide the landlord and/or its agents any information concerning my background. I release Global Investigative Group from any and all liability, responsibility, damages and claims of any kind whatsoever arising from this investigation. I have carefully read and understand this notice, and that this credit inquiry may affect my credit score. By my signature below, I consent to the release of consumer and background investigative reports to Global Investigative Group, LLC. I understand that I may request a complete disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, or mode of living.

ALL REQUESTED INFORMATION MUST BE PROVIDED - PLEASE PRINT LEGIBLY

Applicant's Name (Print): _____

Current Home Address: _____
Street City State Zip

Date of Birth: _____ Social Security Number: _____

Rental Address: _____

Driver's License Number: _____ State: _____

Telephone Number: _____ Email: _____

Employer: _____

Vehicle(s) Owned: _____ Yr. _____ Tag #: _____ State: _____

Applicant's Signature: _____ Date: _____

REALTOR, PROPERTY MANAGER, or LANDLORD MUST COMPLETE THE FOLLOWING:

I certify that the person giving permission to run the credit and background report is the individual who signed the release.

Agency Name: _____

Signature of Agent/Landlord/Person Authorizing Credit/Background Check: _____