

MASTER ASSOCIATION APPLICATION FOR LEASE INSTRUCTIONS & GUIDELINES

- 1. The attached application must be completed and signed by both the tenant(s) and homeowner(s). All fields must be completed; if any are left blank, the application may be automatically denied as an incomplete application. If the question does not apply, please write "N/A."
- 2. The completed application must be submitted to the Association office at <u>least twenty (20) days prior to the</u> desired date of occupancy.
- 3. Unregistered occupancy and occupancy prior to approval is strictly prohibited.
- 4. Units shall be used as a single-family residence only, and for no other purpose. No portion of a unit (other than the entire unit) may be rented. Sub-leasing is not permitted.
- 5. Lease terms may be no less than 30 days and not to exceed 12 months.
- 6. Villas and Condos require an additional application which must be submitted to the Villa or Condo Association. Contact the appropriate Management Company for details:

DOCUMENTS AND FEES REQUIRED

Lancast	Pinecrest I & III Pinecrest II & IV	Tropical Isles Management Precedent Hospitality & Mgmt.	(239) 939-2999 (727) 573-9300
Knighton	Villas I	Alliant Property Management	(239) 454-1101
Portrush	Villas II	Precedent Hospitality & Mgmt.	(727) 573-9300

- 1. Application completed in its entirety
- 2. A copy of the signed lease agreement between the homeowner and tenant
- 3. A copy of your pet's current vaccination records, if applicable
- 4. <u>Each</u> person over the age of 18 who is named on the lease and/or will occupy the home must submit a disclosure consent form, a character reference form, and the applicable fee listed below for a background check.
- Non-refundable application fees: two separate checks credit cards not accepted

Processing fee	\$50.00	Payable to: Alliant Property Management
Background check fee		Payable to: Alliant Property Management
US Citizen	\$40.00/person	
Non-US Citizen ¹	\$45.00/person	
Application fee	\$50.00	Payable to: Stoneybrook
Amenities Transfer fee ²	\$100.00	Payable to: Stoneybrook
Vehicle Decal	\$10.00 each	Collected at time of issue
Pool Fitness Key Fob	\$10.00 each	Collected at time of issue

Mail or hand deliver to:

Stoneybrook Community Center 11800 Stoneybrook Golf Drive

Estero, FL 33928

Office: (239) 948-1787

¹Non-US Citizens must also submit a clear, legible copy of their passport.

²Amenities Transfer fee is refundable if residency is denied.



ACKNOWLEDGEMENT

I hereby agree for myself and on behalf of all persons who may use the residence which I own or seek to lease:

- 1. I represent that the following information is true and accurate. I understand any misrepresentation or falsification of information on these forms will result in the automatic rejection of this of this application.
- 2. I certify and hereby acknowledge that I have been furnished a copy of the Stoneybrook Association documents at www.StoneybrookWebsite.com: Rules and Regulations, Declaration of Covenants, Conditions & Restrictions, Bylaws and Architectural Review Procedure Manual.
- 3. I have read, understand, and agree to abide by all of the restrictions contained in the Stoneybrook Association documents which are or may in the future be imposed by the Association.
- 4. I understand that any violation of the terms, provisions, rules, conditions, and covenants of the Stoneybrook Association documents provides cause for immediate action as provided therein or termination of the lease under appropriate circumstances.
- 5. Owners hereby delegate their rights of enjoyment of the Common Area to the Tenants for the lease term.

This is an Addendum to the Lease between Owner and Tenant for the Property stated herein, beginning on

- 6. I acknowledge sub-leasing and/or unregistered occupancy of this residence is prohibited.
- 7. I understand that the Association will institute an investigation of my background and that a personal interview may be requested. Accordingly, I agree to attend a personal interview upon request and authorize the information contained in this application to be used in such an investigation.
- 8. I am aware that the decision of the Association will be final and no reason will be given for any action taken by the Board. I agree to be governed by the determination of the Board of Directors.
- 9. I agree to be bound by the following lease addendum:

	(date of Lease) and all renewals thereof.
a)	In the event that an Owner is forty-five (45) days in default in the payment of assessments or other sums due
and o	wing to Stoneybrook, A Golf Course Community of Fort Myers, Inc., the Association shall have the right and authority to
collec	t the rent to be paid by the Tenant to the Owner directly from the Tenant. In the event such Tenant fails to remit said
rent o	lirectly to the Association within ten (10) days from the day the Association notified such Tenant in writing that the
rents	must be remitted directly to the Association, but no later than the day the next rental payment is due, the Association
shall	have the right to terminate the lease and evict the Tenant. All sums received from the Tenant shall be applied to the

the Owner's account is current.

b) It is understood by tenants/lessees that a quarterly lease review by Alliant Management and The Board of Directors of Stoneybrook a Golf Community will be performed over the terms of this lease. The review will consist of, but not be limited to:

Owner's account for the leased Property according to the priority established in Section 720.3085, Florida Statutes, until

Any noise violations resulting in complaints from other residents

Any damage to the rental unit or property within the Stoneybrook Community Any guard gate reports of any violations Any police arrests and convictions

In the event any complaints are recorded, Alliant Management and Stoneybrook reserve the right to take legal action, at the Owners expense and terminate the lease immediately.

The terms of this Addendum are controlling over anything to the contrary in the Lease and cannot be modified without the prior written consent of Stoneybrook, A Golf Course Community of Fort Myers, Inc.

Homeowner(s):	Tenant(s):	
Print	Print	
Sign	Sign	



_ease Dates Homeowner or Real Estate Agent ha	 ndling this transaction			
Name			, if applicable	
Address		City, State, Zip		
Email		Phone		
ist all persons who are named on the	e lease and/or will occ	ANT INFORMATI cupy the residence in is to the primar	ce. Attach an additional page	if necessary. Please lis
Name		Age	Relationship	SELF
Current Address		City, State, Zip		
Home Phone		Birth date if und	der 18	
Cell Phone		Email		
Name		Age	Relationship	
Home Phone		Birth date if und	der 18	
Cell Phone		Email		
Name		Age	Relationship	
Phone		Birth date if und	der 18	
Name		Age	Relationship	
Phone		Birth date if und	der 18	
Name		Age	Relationship	
Phone		Birth date if under 18		
Name		Age	Relationship	
Phone		Birth date if under 18		
		MENT INFORMA		
Applicant Name		rrent/Last Prior Occupation		
How Long	Phon	e Number, if we m	ay contact	
Applicant Name	Curre	ent/Last Prior Occ	cupation	
		ne Number, if we may contact		



posistration for the vehicle will be required. Additional documents are required.

ear	Make	Model	Color	License Plate	State
ear	Make	Model	Color	License Plate	State
'ear	Make	Model	Color	License Plate	State
'ear	Make	Model	Color	License Plate	State
PET IN	FORMATION		Sec. 10. (80) (80)		
not k noyan	kept, bred or main ce to any neighbor eashed (including ca	tions Section 5 Article 26 stained for any commerci by reason of barking or of ts) as stated in Animal Cor Type/Breed	al purpose, and potherwise. No anim	rovided that they do no lals may be allowed ard	ot become a nuisa
et Nar		Type/Breed			Weight
1	I/We agree to provid	e the registration and curr	ent vaccination reco	ords for all pets.	
1		•	ent vaccination reco	ords for all pets.	
	I/We agree to provid	•	ent vaccination reco	ords for all pets.	
OFFICE	I/We agree to provid I/We do not have an	y pets.			
OFFICE	I/We agree to provid I/We do not have an	y pets.			



Please Print Your Full Name		SSN	
Please Print Any Other Names	You Have Used	DOB	
Street Address			
City	State	Zip Code	
Driver's License#	Exp. Date	State Issued	
me obtained from Law Enforces	rement Agencies. State Agencies, a	be prepared on me, which may include is well as Public Records information such a chicle records and workers' compensation. With Disabilities Act.	as credit reports,
Signature		Date	
Witness		Date	



Please Print Your Full Name		SSN	
Please Print Any Other Names	You Have Used	DOB	
Street Address			
City	State	Zip Code	
Driver's License#	Exp. Date	State Issued	
me obtained from Law Enforce social security information, of	cement Agencies, State Agencies, a	be prepared on me, which may include informs well as Public Records information such as overhicle records and workers' compensation rules with Disabilities Act.	credit reports,
Signature		Date	
Witness		Date	



To be completed by someone outside of your immediate f	amily: friend, neighbor, co-worker, etc.
Applicant Name	
To whom it may concern:	
The Applicant named above is applying to a Deed Re Directors would appreciate it if you would furnish u verifying the character and stability of the applicant.	estricted Community in Southwest Florida. The Board of s with whatever information, you consider pertinent in
Upon completion, please return this form to the APP must be sent with their application for the Board to in this matter.	LICANT. This completed Character Reference form consider their residency. Thank you for your assistance
YOUR INFORMATION Please print	
Name	Today's Date
Address	City, State, Zip
Phone	Alternate Phone
For how long have you known the applicant? Would the applicant make a good neighbor in your opinion	on? □YES □NO
Please describe the applicant's character and stability as	
I certify this information to be true and accurate.	
Signed:	



To be completed by someone outside of your immediate f	amily: friend, neighbor, co-worker, etc.
Applicant Name	
To whom it may concern:	
The Applicant named above is applying to a Deed Re Directors would appreciate it if you would furnish u verifying the character and stability of the applicant.	estricted Community in Southwest Florida. The Board of s with whatever information, you consider pertinent in
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YOUR INFORMATION Please print	
Name	Today's Date
Address	City, State, Zip
Phone	Alternate Phone
How do you know the applicant?	
For how long have you known the applicant?	
Would the applicant make a good neighbor in your opinion	on? DYES DNO
Please describe the applicant's character and stability as	you know them:
I certify this information to be true and accurate.	
Signed:	