



Westminster Community Association, Inc.

c/o Hawk-Eye Management, LLC.

3436 Marinatown Lane, Suite 9 & 10, N. Fort Myers, Florida 33903

T: 239-201-2433 // Email: coastal.office@hawkeyefla.com

*****AUTHORIZATION FORM*****

SEPARATE APPLICATIONS ARE REQUIRED FOR APPLICANTS OVER THE AGE OF 18 IF THEY ARE NOT THE SPOUSE OF THE APPLICANT. A COPY OF A VALID DRIVERS LICENSE OR PHOTO ID IS REQUIRED FOR ALL APPLICANT'S OVER THE AGE OF 18.

By signing, the applicant recognizes that Westminster Community Association, Inc., or its agent Hawk-Eye Management, LLC. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding my character, banking history, criminal history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and its agent, Hawk-Eye Management, LLC. It's employees, Officers and Directors, affiliates, sub-contractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Hawk-Eye Management, LLC.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained on this report is to be released to the Condominium Association Board of Directors and / or screening committee only.

Applicant Signature

Applicant Printed Name

Applicant Social Security Number

Applicant Date of Birth

Date Signed

Spouse's Signature

Spouse's Printed Name

Spouse's Social Security Number

Spouse's Date of Birth

Date Signed

**LEASE APPLICATION FOR OCCUPANCY
PLEASE PRINT IN BLACK INK**

FULLY COMPLETE AND RETURN, WITH A COPY OF THE LEASE AGREEMENT and APPLICATION FEE of \$250.00 plus \$40 Background Check Fee per person, age 18 and over. \$71pp Background Fee applies for each Canadian applicant and 'At Cost' for all other International applicants.

Fees made payable to Hawk-Eye Management, LLC.
We Accept Business checks, Cashier's checks or Money orders. (NO Personal Checks)

NO TENANT OR LESSEE MAY MOVE INTO OR OCCUPY A UNIT NOR SHALL ANY OWNER PERMIT A TENANT OR LESSEE TO MOVE IN OR COMMENCE OCCUPANCY WITHOUT OBTAINING AN APPROVED APPLICATION FROM THE ASSOCIATION.

Please allow ten (10) business days for approval after all information is received by Hawk-Eye Management, LLC.

- **Rentals are 30 day minimum.**
- **Limited to single family residency only, no corporate leasing or subleasing outside of a family unit.**
- **Occupancy is limited to Lessee and immediate family only, additional occupants over 18 are subject to background check.**

Leasing Property Address: _____

Lease dates from: _____ to _____

Name: _____

Permanent Address: _____

How long: _____ Own: ___ Rent: ___ Landlord Name & phone: _____

Drivers License Number: _____ Phone #: _____

E-Mail Address: _____

Spouse's Name: _____

Permanent Address: _____

How long: _____ Own: ___ Rent: ___ Landlord Name & phone: _____

Drivers License Number: _____ Phone #: _____

E-Mail Address: _____

Other Occupant(s) – Separate Application and Background Check is required for each applicant over the age of 18 who will reside in the rental unit (fees apply as noted above):

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Vehicle Type: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

Vehicle Type: _____ Color: _____ Year: _____

License Plate Number: _____ State: _____

(If Applicable) Do you have any Pets: Yes: _____ No: _____

If yes, What is the name of your Pet(s): _____

What type/breed is your pet(s): _____

How many pounds: _____

Have you ever declared bankruptcy? _____ if so, when? _____

Have you ever had an eviction filed against you? _____ if so, please specify _____

Have you ever been charged with a felony? _____ if so, please specify _____

Have you ever been charged with a misdemeanor? _____ if so, please specify _____

Have you ever refused to pay rent/ broken a lease? _____ if so, when and why _____

Are you currently a party to a lawsuit? _____ if so, explain _____

Are there any judgements against you? _____ if so, explain _____

OWNERS' ACKNOWLEDGMENT AND CONSENT **

The owners of the unit proposed to be leased acknowledge that notwithstanding that they are leasing their property; it is they who shall continue to be responsible for the conduct or any violations by their tenants, licensees, invitees or guests.

Owner(s) further agrees that in the event there is a default under the lease as a result of violation of the Governing Documents that the Owner(s) shall take immediate steps to as determined by the Association to terminate the lease, provide a notice to vacate and/or proceed with an eviction.

Owner(s) and their tenants/guests hereby agree to hold Westminster Community Association, Inc. and it's affiliates, harmless and indemnified from any and all costs and damages before, during or after tenancy.

Owner Name: _____

Owner Signature _____ Agent's signature (if applicable) _____

Date: _____

**** Owners' Acknowledgement and Consent MUST be signed prior to this Application being submitted to Hawk-Eye Management, LLC. Only fully completed, signed applications will be accepted.**

APPLICANTS ACKNOWLEDGE, AGREE TO AND CONFIRM – INITIAL AND SIGN BELOW:

_____ I/WE UNDERSTAND THAT WESTMINSTER IS A DEED RESTRICTED COMMUNITY AND SUBJECT TO THE GOVERNING DOCUMENTS FOR WESTMINSTER COMMUNITY ASSOCIATION, INC.

I/WE HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS FOR THE COMMUNITY PERTAINING TO THE PROPERTY THAT THEY ARE REQUESTING TO LEASE.

Visit: www.Westminstercommunity.com, Directory & HOA Docs

_____ A BREACH OF ANY TERM OF THE ABOVE REFERENCED DOCUMENTS OR RULES CONSTITUTES A DEFAULT UNDER THE LEASE AND THE ASSOCIATION TERMINATE THE LEASE AND PROVIDE NOTICE TO VACATE.

_____ MISSTATEMENT OR UNTRUE STATEMENT(S) UNDER THIS APPLICATION CONSTITUTES A DENIAL OF APPLICATION.

_____ AT NO TIME DURING THE TERM OF THE PROPOSED LEASE SHALL ANY PERSON REGISTERED AS A SEXUAL PREDATOR/OFFENDER UNDER THE LAWS OF ANY STATE OR COUNTRY BE ALLOWED TO STAY OVERNIGHT.

Applicant's Signature: _____

Date: _____

Spouse's Signature: _____

Date: _____