



Colony Lakes Property Association, Inc.

c/o Coastal Association Services, LLC.

1314 Cape Coral Pkwy East, Suite 205, Cape Coral, Florida 33904

T: 239-689-3080 // F: 1-844-273-1058 // Email: info@coastalassociation.biz

AUTHORIZATION FORM

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

By signing, the applicant recognizes that Colony Lakes Property Association, Inc., or its agent Coastal Association Services, 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, Coastal Association Services, 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 Coastal Association Services, 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 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

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LEASE APPLICATION FOR OCCUPANCY

PLEASE PRINT IN BLACK INK

FULLY COMPLETE AND RETURN, WITH A COPY OF THE SALES CONTRACT and APPLICATION FEE of \$150.00 plus \$75.00 Background Check Fee per person, age 18 and over.

Fees made payable to Coastal Association Services, LLC.

We Accept Cash, Business checks, Cashier's checks or Money orders. (NO Personal Checks)

NO TENANTS SHALL MOVE INTO COLONY LAKES WITHOUT OBTAINING APPROVAL FROM THE ASSOCIATION.

Please allow twenty (20) business days for approval after all information is received by Coastal Association Services, LLC.

Complete Property Address Being Leased: _____

Lease Dates: _____ to _____ (no less than 3 months; no unit may be leased more than 4 times in a calendar year)

Owner's Name (s): _____

Owner/ Phone: _____ Owner/ Email: _____
Prop. Mngr Prop. Mngr

Personal Information:

Applicant

Spouse

Tenant(s) Names: _____

Phone Number(s): _____

Email Address(es): _____

Vehicle(s) Make: _____ Model: _____ Year: _____ Tag: _____

Make: _____ Model: _____ Year: _____ Tag: _____

Employment Information:

Applicant Occupation (or retired, former occupation): _____

Company Name, Address, Phone: _____

Spouse Occupation (or retired, former occupation): _____

Company Name, Address, Phone: _____

Rental Agent Information:

Real Estate Agency Name & Agent: _____

Phone #: _____ Email: _____

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Additional Information:

Will anyone other than those listed above occupy this unit? ____ No ____ Yes

If Yes, whom/age? _____

Relationship: _____

Pets? If yes, list each breed & weight: _____

Residential History:

Present Address: _____

How long? _____

Emergency contact (not living with you):

Name/Relationship: _____

Address: _____

Phone Number: _____

References: (2) – Please give names, addresses, and phone numbers:

1. _____

2. _____

Please read the following and sign this application:

1. I have received and read a copy of the Colony Lakes Property Association's Rules and Regulations and Use Restrictions, along with this application. I understand these Rules, Regulations, and Use Restrictions and agree to abide by them as long as I reside at Colony Lakes. You may find a copy of All Association Documents at: www.coastalassociation.biz, see Communities, Colony Lakes.
2. I understand and agree that the Association, in the event a unit is leased, 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.
3. In order to facilitate the consideration of this application, I (we) affirm that the information is factual and true, that any falsification or misrepresentation of the facts in the application will justify is automatic rejection.

Applicant Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

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