



Updated 6/2025

## Kelly Greens Verandas IV Condominium 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](mailto:info@coastalassociation.biz)

### **\*\*\*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 Kelly Greens Verandas IV Condominium 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 to 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 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

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**APPLICATION FOR OCCUPANCY**  
**SHORT TERM OR SEASONAL LEASE ONLY (ONE to ELEVEN MONTHS)**  
**PLEASE PRINT - BLACK INK ONLY**

COMPLETE ALL QUESTIONS AND FILL IN ALL BLANKS  
RETURN, ALONG WITH A COPY OF THE **EXECUTED LEASE AGREEMENT** and an  
**Application Fee of \$150.00 per application made payable to Coastal Association Services, LLC.**  
We Accept Cash, Business, Cashier's or Money orders. **(No Personal Checks)**

A CREDIT HISTORY AND BACKGROUND CHECK MAY BE ORDERED AND THE BOARD MAY CONDUCT AN INTERVIEW PRIOR TO APPROVAL. Please allow 15 days for approval after all information is received by Coastal Association Services, LLC.

- **Minimum lease term is thirty (30) days or one (1) calendar month, no more than 4 leases in any calendar year.**
- **NO Pets are permitted for tenants, lessees or guests.**

Address of Unit being Leased: \_\_\_\_\_

Number of people to occupy the unit: \_\_\_\_\_

**Lease Start Date:** \_\_\_\_\_ **Lease End Date:** \_\_\_\_\_

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

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Permanent Residence Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Other Occupant(s):**

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

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

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

**In Case of Emergency Notify:**

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

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

I/We have received, read and understand the included Governing Documents of Kelly Greens Verandas IV Condominium Association, Inc. Further, I/We agree to honor and abide by all of the provisions according to Governing Documents/Rules & Regulations for Kelly Greens Verandas IV Condominium Association, Inc. **COMPLETE documents can be found online at: [www.coastalassociation.biz](http://www.coastalassociation.biz), Communities Tab, Kelly Greens Verandas IV**

By signing, the applicant(s) recognize that Kelly Greens Verandas IV Condominium 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 to 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 certify that all of the above furnished information is true and accurate, should there be any discrepancies and/or false information provided, I understand that this application is null and void.

As required by law, this information is kept strictly confidential.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

**I/We Have (Please Initial):**

\_\_\_\_\_ Fully completed, initialed & signed this Application for Occupancy

\_\_\_\_\_ Provided Valid Driver's License(s)/IDs for all Applicants age 18 and older

\_\_\_\_\_ Provided fully Executed Lease Agreement

\_\_\_\_\_ Obtained & Read Governing Documents/Rules & Regulations from [www.coastalassociation.biz](http://www.coastalassociation.biz), Communities Tab, Kelly Greens Verandas IV

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