

# Casa Bonita Grande

## Condominium Association. Inc.

c/o Hayden & Associates  
12650 Whitehall Drive  
Fort Myers, Florida 33907  
Ph: 239-489-4890 Fax: 239-489-4980

### \*\*\*Lease Application\*\*\*

**This application must be submitted along with a non-refundable processing fee of \$100.00. A minimum of 20 days processing time is required prior to the start of any lease. A lease, along with a copy of driver's license, must be submitted with application. No pets allowed in leased units. No subleasing allowed. Make checks payable to Hayden & Associates.**

**NO NEW TENANTS MAY MOVE INTO CASA BONITA GRANDE CONDOMINIUMS WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.**  
**IN ADDITION, NO LEASE MAY BE FOR LESS THAN 30 CONSECUTIVE DAYS.**

Unit # and Address \_\_\_\_\_

Current Owner \_\_\_\_\_

Owner's Address \_\_\_\_\_

Owner's Phone # \_\_\_\_\_ Lease Term (Dates) \_\_\_\_\_

**Personal Information:**                      Applicant                      Spouse/Co-Applicant

Lessee(s)Names: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vehicle (s): Year/Make/Model \_\_\_\_\_

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

If Yes, whom? \_\_\_\_\_

### **Residential History:**

Present Address: \_\_\_\_\_

How long? \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner/Real Estate Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency contact:**

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

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

\_\_\_\_\_

Phone#: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

**Please read the following and sign this application:**

I have received and read a copy of the Casa Bonita Grande Condominium 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 Casa Bonita Grande. If leasing, I understand that failure to abide by the Rules, Regulations and Use Restrictions could be cause for eviction.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Unit Owner's: \_\_\_\_\_ Date \_\_\_\_\_

Real Estate Agent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approval:

Board Member/Agent: \_\_\_\_\_ Date \_\_\_\_\_

If application is denied, give reason: \_\_\_\_\_

\_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_