

APPLICATION TO LEASE OR PURCHASE PROPERTY

Cypress Pines Property Owners' Association, Inc.

c/o Management Professionals, Inc.

530 Construction Lane, #1

Lehigh Acres, Florida 33936

To: The Board of Directors of Cypress Pines Property Owners' Association, Inc.:

Check one below:

☐ I (We) hereby apply for approval to **"Lease"** # _____
for a period of _____, beginning and ending ____/____/____ - ____/____/____.

Terms of the lease must be for a period of no less than one month, nor more than one year

***A copy of proposed lease along with a copy of ID (for each applicant over 18 residing in unit), Credit & Background Verification Form (for each applicant over 18 residing in unit) and \$100.00 application fee required. Please make check payable to Cypress Pines.**

****Mailbox # _____ Mailbox key is available? Yes / No (circle)**

☐ I (We) hereby apply for approval to **"Purchase"** # _____

***A copy of proposed sales contract along with a copy of ID (for each applicant over 18 residing in the unit or listed on contract), Credit & Background Verification Form (for each applicant over 18 residing in the unit or listed on contract) and \$100.00 application fee required. Please make check payable to Cypress Pines.**

****Mailbox # _____ Mailbox key is available? Yes / No (circle)**

Please Print and Complete in Full:

1. Full name of applicant(s): _____

Current Address: _____

Phone #: Applicant _____ Co-Applicant _____
Email: _____ Co-Applicant _____
2. Name of Owner (Lessor or Seller): _____
Phone #: _____ Email: _____
3. Name of Real Estate Agent: _____
Real Estate Company: _____
Address: _____
Phone #: _____ Email: _____
4. Please list additional tenants occupying the property on a permanent basis or visiting on a regular basis.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
5. Pets: Yes / No (circle) Number: _____ Type & Breed: _____
*****See CPPOAI Rules & Regulations regarding Pets.**
6. Please list Vehicles:

Make _____	Model _____	Year _____	Tag# _____
Make _____	Model _____	Year _____	Tag# _____
Make _____	Model _____	Year _____	Tag# _____
Make _____	Model _____	Year _____	Tag# _____

*****See CPPOAI Rules & Regulations regarding Parking.**

7. In case of an emergency, please notify:
 Name: _____ Relationship: _____
 Street: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Alternate Contact Name: _____ Phone: _____
8. If this transaction is a sale, will there be a mortgage on the property? Yes / No (circle)
 If yes, please provide the following information.
 Name of Lender: _____
 Street: _____ Phone: _____
 City: _____ State: _____ Zip: _____
9. **If this transaction is a SALE: I am (We are) purchasing this property with the intention to:**
1) Reside here on a full-time basis 2) Reside here part-time 3) Lease this property
(Please circle the number above that applies)
10. **If this transaction is a LEASE: I am (We are) aware as the owner(s), I am (we are) responsible for the disposal of any items left behind by the tenant and that items may not be left curbside.**

(Owner must initial above)
11. **If this transaction is a LEASE: I (We) understand and agree that the Association 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.**

(Owner must initial above)
12. **I (We) acknowledge receipt of all CPPOAI governing documents and agree to abide by all properly promulgated CPPOAI governing documents along with the Rules & Regulations in effect within the terms of my (our) occupancy.** _____
(Buyer or Lessee must initial above)
13. **In order to facilitate consideration of this application, I (we) affirm, under penalty of perjury, that the information in this application is factual and true and any falsification or misrepresentation of the facts will justify its automatic rejection.**

(Buyer or Lessee must initial above)

_____ Applicant	_____ Date	_____ Current Owner	_____ Date
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_____ Applicant	_____ Date	_____ Real Estate Agent	_____ Date
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Application: Approved: _____ Disapproved: _____

_____ CPPOAI Director or Manager	_____ Date
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