

REGENCY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC

APPLICATION FOR LEASE

APPLICATION MUST BE SUBMITTED A MINIMUM OF 20 DAYS PRIOR TO LEASE START DATE

*******THERE WILL BE NO EXCEPTIONS TO THIS RULE*******

PLEASE SUBMIT THIS COMPLETED APPLICATION WITH **\$100.00 (NONREFUNDABLE) APPLICATION FEE** FOR LEASE TO THE ATTENTION OF THE BOARD OF DIRECTORS AT REGENCY HOUSE c/o MANAGER'S OFFICE 6210 SCOTT ST. #214, PUNTA GORDA, FL 33950, OR FAC TO 941-875-9697. THERE IS AN ADDITIONAL **(NONREFUNDABLE FEE) OF \$40.00** FOR THE BACKGROUND CHECK, THIS PAYMENT SHOULD BE MADE TO **PALMER PROPERTY. MANAGEMENT.** IF YOU SCAN THE COMPLETED APPLICATION TO PPM@MYPPM.NET PLEASE INCLUDE A COLOR COPY OF YOUR FLORIDA ID.

DATE APPLICATION SUBMITTED TO MANAGER'S OFFICE ____/____/____ VERIFIED BY (INITIALS)

I INTEND TO LEASE UNIT # ____ OF REGENCY HOUSE OF PORT CHARLOTTE A CONDOMINIUM, INC. LOCATED AT 2300 AATON STREET, PORT CHARLOTTE, FL 33952. I REPRESENT THAT THE FOLLOWING INFORMATION IS FACTUAL AND TRUE. I AM AWARE THAT ANY FALSIFICATION OR MISREPRESENTATION OF THE FACTS IN THIS APPLICATION CAN RESULT IN THE REJECTION OF THIS APPLICATION OR CONSTITUTE GROUNDS FOR THE ASSOCIATION TO VOID ANY APPROVAL THAT MAY BE GRANTED.

I ALSO CONSENT AND ACKNOWLEDGE THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, PARTICULARLY OF THE REFERENCES GIVEN BELOW AND CREDIT STANDING IN THIS REGARD, PURSUANT TO THE FAIR CREDIT REPORTING ACT. 15. U.S.C SEC 1681 AT SEC. THE ASSOCIATION MAY OBTAIN A CREDIT REPORT ON THE APPLICANTS REFERENCED BELOW. THIS IS, BY SIGNING THIS APPLICATION. YOU HEREBY CONSENT TO THE ASSOCIATION OBTAINING A CREDIT REPORT AND CONSIDERING IT IN CONNECTION WITH YOUR APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF SUCH REPORT, HOWEVER, BY SIGNING THE APPLICATION YOU HEREBY WAIVE AND HELD THE PERTINENT ASSOCIATION HARMLESS OF ANY CLAIM ACTION OR SUIT REGARDING USE OF THE CREDIT REPORT.

I UNDERSTAND THAT THE ASSOCIATION MAY PURSUANT TO SECTION 9439953, FLORIDA STATUTE, OBTAIN CRIMINAL HISTORY INFORMATION OF THE APPLICANT(S) SIGNING THIS APPLICATION. BY SIGNING THIS APPLICATION, THE APPLICANT(S) HEREBY CONSENTS TO THE ASSOCIATION OBTAINING CRIMINAL HISTORY INFORMATION AND CONSIDERING IT IN CONNECTION WITH THE APPLICATION. EVERY EFFORT SHALL BE MADE BY THE ASSOCIATION TO MAINTAIN THE CONFIDENTIALITY OF THE REPORT, HOWEVER BY SIGNING THE APPLICATION YOU HEREBY WAIVE AND HOLD THE ASSOCIATION HARMLESS OF ANY CLAIM, ACTION, OR SUIT REGARDING USE OF CRIMINAL HISTORY INFORMATION.

ADDITIONALLY, I HAVE READ AND AGREED TO BE BOUND BY THE DECLARATION, ARTICLES OF INCORPORATION, BY-LAWS AND RULES AND REGULATIONS OF THE ASSOCIATION WHICH GOVERN THE HOUSE IN WHICH THE UNIT TO BE LEASED IS LOCATED, COPIES OF WHICH DOCUMENTS HAVE BEEN FURNISHED TO ME BY THE OWNER. IN THIS REGARD I UNDERSTAND.

****NO ANIMALS OR PETS OF ANY KIND SHALL BE ALLOWED IN ANY UNIT OR ON THE PROPERTY OF THE CONDOMINIUM.**
****NO PERSON UNDER THE AGE OF 18 CAN OCCUPY A UNIT FOR MORE THAN (30) THIRTY DAYS.**
****NO CONDOMINIUM CAN BE RENTED FOR A PERIOD LESS THEN (3) THREE MONTHS AND MUST BE FOR ONE SINGLE FAMILY.**
****NO UNIT CAN BE SUBLEASED WITHOUT APPROVAL OF THE UNIT OWNER AND THE BOARD OF DIRECTORS.**
****ONLY (2) TWO PERMANENT PEOPLE IN A ONE BEDROOM UNIT AND (4) FOUR PERMANENT PEOPLE IN A TWO BEDROOM UNIT.**
****REGENCY HOUSE OF PORT CHARLOTTE, A CONDOMINIUM, INC. IS A HOUSING FACILITY FOR OLDER PERSONS AND AT LEAST ONE OCCUPANT MUST BE 55 YEARS OF AGE OF OLDER.**

FINALLY, I UNDERSTAND THAT THE CURRENT ILLEGAL ABUSE OR ADDICTION TO A CONTROLLED SUBSTANCE, OR CONVICTION OF THE ILLEGAL MANUFACTURE OR DISTRIBUTION OF A CONTROLLED SUBSTANCE (AS "CONTROLLED SUBSTANCE" IS DEFINED IN THE FEDERAL CONTROLLED SUBSTANCE ACT). PROVIDES CASE TO THE ASSOCIATION TO REJECT THIS APPLICATION, OR TO TERMINATE THE OWNERSHIP OF THE UNIT UNDER APPROPRIATE CIRCUMSTANCES. MOREOVER, I UNDERSTAND THAT THE ASSOCIATION IS ENTITLED TO REJECT THIS APPLICATION IN REGARD TO AN APPLICANT WHOSE RESIDENCE WOULD CONSTITUTE A DIRECT THREAT TO THE HEALTH OR SAFETY OF OTHER RESIDENTS AT CHARLOTTE SQUARE CONDOMINIUMS OR WHOSE RESIDENCE WOULD RESULT IN THE SUBSTANTIAL PHYSICAL DAMAGE TO THE PROPERTY OF OTHER RESIDENTS OR THE CHARLOTTE SQUARE CONDOMINIUMS.

CURRENT OWNER(S) NAME _____

APPLICANT(S) NAME _____

APPLICANT OCCUPATION _____ HOW LONG _____

FULL NAME OF SPOUSE OR CO-APPLICANT _____

CO-APPLICANT OCCUPATION _____ HOW LONG _____

APPLICANT(S) CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE OR ANY PREVIOUS RESIDENCE IS A CONDOMINIUM CO-OPERATIVE OR IS SUBJECT TO REGULATIONS BY HOMEOWNER'S ASSOCIATION:

NAME AND ADDRESS OF ASSOCIATION _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IF PRESENT RESIDENCE IS A RENTAL:

NAME AND ADDRESS OF LANDLORD _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAMES AND ADDRESS OF APPLICANT(S) EMPLOYER(S) DURING THE THREE YEARS PRIOR TO THE DATE OF THIS APPLICATION AND THE DATES OF EMPLOYMENT. BEGIN WITH THE PRESENT EMPLOYER

1. _____

2. _____

3. _____

4. _____

PLEASE STATE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE)

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAME _____ PHONE _____

CITY _____ STATE _____ ZIP _____

IF PURCHASING, I INTEND TO: (CHECK ONE)

____ PERSONALLY RESIDE FULL-TIME

____ PERSONALLY RESIDE PART-TIME

____ LEASE- SEE *RESTRICTIONS*

PERSON TO NOTIFY IN AN EMERGENCY

NAME _____ PHONE _____

MANUFACTURER, MODEL, AND YEAR OF AUTOMOBILE(S)

CAR NO. _____ STATE/LICENSE NUMBER _____

CAR NO. _____ STATE/LICENSE NUMBER _____

NAME AND PHONE NUMBER OF REAL-ESTATE AGENT HANDLING THIS TRANSACTION

NAME _____ PHONE _____

NAME AND ADDRESS FOR ACCEPTANCE OR REJECTION OF THIS APPLICATION:
(TITLE COMPANY OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DATE OF CLOSING MONTH _____ DAY _____ YEAR _____

I UNDERSTAND THAT UPON RECEIPT OF A TOTALLY COMPLETED APPLICATION (INCLUDING SALES CONTRACT/LEASE ACCEPTABLE TO THE ASSOCIATION AND OTHER REQUIRED MATERIALS) THE ASSOCIATION HAS TWENTY (20) DAYS WITHIN WHICH TO ACCEPT OR REJECT THE APPLICATION.

I UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF THE CONDOMINIUM'S DOCUMENTS PROVIDES CAUSE FOR PURSUIT OF REMEDIES THERIN PROVIDED OR TERMINATION OF THE OWNERSHIP OR LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. IF APPLICATION FOR SALE IS ACCEPTED, I WILL PROVIDE A COPY OF THE RECORDED DEED WITHIN THIRTY (30) DAYS OF CLOSING.

I UNDERSTAND THAT UNLESS ALL ASSESSMENT PAYMENTS FOR THE UNIT POTENTIALLY TO BE SOLD OR LEASED ARE CURRENT, THIS APPLICATION WILL BE DISAPPROVED BY THE ASSOCIATION.

DATED THIS _____ DAY OF _____, 20____.

SIGNATURE OF APPLICANT _____

SIGNATURE OF CO-APPLICANT/SPOUSE _____

THE INDIVIDUAL OWNER(S) OF SAID UNIT JOIN IN THIS APPLICATION TO REQUEST THE BOARD TO REVIEW SAME AND TO VERIFY THAT TO THE BEST OF THEIR KNOWLEDGE ALL INFORMATION AND ACKNOWLEDGEMENTS CONTAINED HERIN ARE ACCURATE.

DATED THIS _____ DAY OF _____, 20____

OWNER _____ CO-OWNER _____

SALE HAS BEEN APPROVED _____

SALE HAS BEEN DISAPPROVED _____

ATTENTION HOMEOWNERS

Please complete this form and return it to the address below by mail or in person:

Charlotte Square Condominiums
c/o Manager's Office
2296 Aaron Street
Port Charlotte, FL 33952

PROPERTY OWNER(S)/RESIDENT INFORMATION

We would appreciate you providing the Association with the following information. You are assured that this information will be kept in confidence. The purpose of this request is to update the office records and to provide us with the current information needed for mailings such as maintenance coupon books and emergencies such as hurricanes, fires, etc.

HOUSE NAME _____ UNIT # _____ DATE _____

OWNER(S) NAME _____

LESSEES(S) NAME _____

PLEASE (X) ONE

____ CURRENTLY RESIDE FULL TIME

 CURRENTLY RESIDE PART TIME

____ CURRENTLY LEASE UNIT ____ SEASONAL OR ____ ANNUAL

PLEASE EXPLAIN SITUATIONS THAT DO NOT APPLY TO ANY OF THE ABOVE
ON A SEPARATE SHEET OF PAPER.

(IF YOU ARE AN OWNER, PLEASE BE AWARE OF LEASING RESTRICTIONS THAT MAY APPLY TO YOUR BUILDING.)

PLEASE INFORM THE OFFICE WHEN YOU LEAVE FOR YOUR AWAY ADDRESS
AND WHEN YOU RETURN SO THAT WE WILL KNOW WHERE TO SEND YOUR
MAIL. THANK YOU.

LOCAL TELEPHONE # If full or part time resident (941) _____ - _____

CELL PHONE # () _____ - _____.

LESSEE'S TELEPHONE # (941) _____ - _____ CELL # () _____ - _____

If you do not live here full time and have another address, please fill in the information requested below:

NAME(S) _____

ADDRESS _____

AWAY TELEPHONE # () _____ - _____

APPROXIMATE DATES AT THE ABOVE AWAY ADDRESS _____

EMAIL ADDRESS _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____

RELATIONSHIP TO YOU _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

Please add any additional information below or on another sheet of paper and attach to this questionnaire. Thank you for your input.

HOUSING FOR OLDER PERSONS ACT
AFFIDAVIT OF CERTIFICATION
REGENCY HOUSE OF PORT CHARLOTTE
A CONDOMINIUM, INC

Due to recent Federal and State legislation, our community must be cautious in age verification procedures to ensure its qualifications as housing for older persons under the Housing for Older Persons Act. Therefore, please take a moment to fill out and return this affidavit. If the affidavit is not returned, and as a result we cannot determine whether we comply with the exemptions to the fair housing laws, which allows us to keep our status as housing for older persons we may be required to allow children in the community as permanent residents, in addition to completing the following, please attach a photocopy of a government issued ID for each occupant.

I _____ (insert name) am (18) eighteen years of age or older and a member of the household at Regency House 2300 Aaron Street unit # _____ Port Charlotte, FL located in Regency House, A condominium, Inc.

I certify that I have personal knowledge of the ages of the occupants of this household, and that at least one occupant of this household is (55) fifty-five years of age or older.

I certify that all the names and dates of birth of all occupants of this household are:

Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____
Name _____	Date of birth ____/____/____

OCCUPANT SIGNATURE

Date ____/____/____

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Sworn to and subscribed before me this ____ Day of _____ 20____ by

Who is personally known to me () yes () no or has produced _____ as identification.

NOTARY STAMP

NOTARY SIGNATURE

NOTARY PRINTED NAME

PLEASE STATE THE NAME, AGE, AND RELATIONSHIP OF ALL PERSONS WHO WILL BE PERMANENTLY OCCUPYING THE UNIT.

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

NAME _____ AGE _____ RELATIONSHIP _____

PLEASE PROVIDE TWO (2) PERSONAL REFERENCES (LOCAL, IF AVAILABLE):

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

IF PURCHASING, I INTEND TO: (CHECK ONE)

_____ personally reside full-time

_____ personally reside part-time

_____ lease-see restrictions

PERSON TO NOTIFY IN AN EMERGENCY

_____ PHONE _____

MANUFACTURER, MODEL & YEAR OF AUTOMOBILE (S):

CAR NO 1. _____ LICENSE NUMBER _____

CAR NO 2. _____ LICENSE NUMBER _____

NAME OF REAL ESTATE AGENT HANDLING THIS TRANSACTION:

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THIS APPLICATION:
(TITLE CO OR ATTORNEY HANDLING CLOSING)

NAME OF TITLE COMPANY OR ATTORNEY

ADDRESS: _____ PHONE: _____

DATE OF CLOSING: _____

INSTRUCTIONS:

- 1 -All applicants are processed as separate investigations.
- 2 -Print legibly or type all information. Account and telephone numbers and complete addresses are required.
- 3 -If any question is not answered or left blank, this application may be returned, not processed or not approved.
- 4 -Missing information will cause delays in processing your application.
- 5 -Any misrepresentation, falsification or omission of information may result in your disqualification.
- 6 -Only the applicants are authorized to sign all forms on page 2.

APPLICATION FOR OCCUPANCY/APPROVAL

PRINT OR TYPE (Use Black Ink)

Purchase _____ or Lease _____ (How long)

Apt. No. _____ Bldg No. _____ Special Address or Unit _____

Date _____ 20____ Desired date of occupancy _____

Name (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

Spouse (Mr./Mrs./Ms.) _____ Date of Birth _____ Soc. Sec No. _____
(mm/dd/yy) (Passport, Alien, Green Card, Social Insurance No.)

[] Sngl. [] Married [] Widow(er) [] Sep. _____ [] Div. _____ Maiden Name _____
(How long) (How long)

Number of people who will occupy. Adults (over age 18) _____ Children (over 18) _____ Children (under 18) _____

Names & ages of children who will occupy: _____

Description of Pets (Breed, Size, Color, Weight, Etc.) _____

In case of emergency notify: _____

PRINT OR TYPE (Use Black Ink)

RESIDENCE HISTORY

	Name	Address	Telephone
A. Present Address			
	<small>(Street Address, Apt No., City, State, Zip)</small>		Phone () _____
Name of Apt. /Condo _____	Phone () _____	Dates of Residency _____	
Name of Landlord or Mortgage Co. _____	Phone () _____		
Address _____	Mtg. No. _____		
B. Previous Address			
	<small>(Street Address, Apt No., City, State, Zip)</small>		Your Apt No. _____
Name of Apt. /Condo _____	Phone () _____	Dates of Residency _____	
Name of Landlord or Mortgage Co. _____	Phone () _____		
Address _____	Mtg. No. _____		
C. Prior Address			
	<small>(Street Address, Apt No., City, State, Zip)</small>		Your Apt No. _____
Name of Apt. /Condo _____	Phone () _____	Dates of Residency _____	
Name of Landlord or Mortgage Co. _____	Phone () _____		
Address _____	Mtg. No. _____		

PRINT OR TYPE (Use Black Ink)

EMPLOYMENT & BANK REFERENCES

A. Employed By (Business Name) _____ Phone () _____
(or retired from)
 How long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____

B. Spouse's Employment (Business Name) _____ Phone () _____
(or retired from)
 How long _____ Dept. or Position _____ Mo. Income _____
 Address _____ Zip _____

C. Bank Reference _____ Phone () _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

D. Bank Reference _____ Phone () _____
 How long _____ Ck. Acct. No. _____ Sav. Acct. No. _____
 Address _____ Zip _____

PRINT OR TYPE (Use Black Ink)

CHARACTER REFERENCES

1. Name _____ Address _____ Phone (Residential & Office) _____
2. Name _____ Address _____ Phone (Residential & Office) _____
3. Name _____ Address _____ Phone (Residential & Office) _____

Driver's Lic. No. #1 _____ #2 _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

Make _____ Model _____ Year _____ Plate No. _____ Color _____ State _____

If this application is NOT legible or is not completely and accurately filled out, Applicant Information (and the Association) will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility. By signing, the applicant recognizes that the Association or their agent, Applicant Information may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the applicant's character, general reputation, personal characteristics, credit standing, criminal background and mode of living as applicable. I may request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of any investigation.

Signature _____ Applicant Signature _____ Applicant's Spouse

APPLICANT(S): Most banks, financial institutions, mortgage companies and employers require your signature and name printed. Make sure Authorization Form is completed as indicated.

AUTHORIZATION TO RELEASE BANKING, CREDIT, RESIDENCE, EMPLOYMENT, AND CRIMINAL BACKGROUND

I have named you as a reference on my application for residency.

You are hereby authorized to release and give to the below mentioned party(s) or their Attorney or Representative, any and all information they request concerning my banking, credit, residence, employment, and background in reference with my /our application made for residency.

DESIGNATED PARTY: APPLICANT INFORMATION

I hereby waive any privileges I may have with respect to the said information in reference to its release to the aforesaid party(s).

Photocopies of this Authorization may be made to facilitate multiple inquiries. In the event you do receive a photocopy of this Authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

(Applicant's Signature)

(Applicant's Name Printed)

(Spouse's Signature)

(Spouse's Name Printed)

DATE _____