

RENTER INFORMATION SHEET



DATE _____

ALL NAMES ON LEASE _____

PHONE NUMBER _____

HOMEOWNER'S NAME _____

LEASE ADDRESS _____

DATES OF LEASE _____

MEMBERSHIP STATUS _____

Tenant's signature: _____

Please Note: Members are responsible for the conduct of their renters at all times and should make available to them a copy of the Hunters Ridge Rules and Regulations (also available on line at Huntersridge-ca.com). Please contact the administration office to receive a vehicle registration form so that you may receive decals for your vehicles. Please return this application to the Hunters Ridge Administration Office along with your application fee of \$50.00 (fifty dollars).

The following rules are strictly enforced:

1. *Please pick up after your pets, and do not allow them to run unleashed at any time.*
2. *Please keep your garage door shut at all times.*
3. *Parking on the street is strictly prohibited.*
4. *Please do not walk, ride your bike, or allow children to play on the golf course.*
5. *Garbage pick up is on Monday, vegetation and recycling is on Thursday. Please do not put your trash out earlier than the night before pick up.*
6. *Commercial vehicles are strictly prohibited and are only allowed if they are parked in your closed garage.*

Important Phone Numbers:

Administration office – 239-992-4900

Security – 239-992-7691 – *Please call Security to announce all guests.*

Food and Beverage – 239-992-1073 – *Channel 96 or huntersridge-ca.com for dinner specials.*

For administration office use only:

Received application fee/billed application fee _____

Tenant received copy of rules and regulations _____

HUNTERS RIDGE COMMUNITY ASSOCIATION, INC.
APPLICATION FOR APPROVAL TO LEASE UNIT

TO: The Board of Directors of **Hunters Ridge Community Association, Inc.**

Name of Hunters Ridge **Homeowner:** _____

I hereby apply for approval **to lease** unit located at: _____
for the period beginning _____, 200____, and ending _____, 200____. A complete copy of the signed lease is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. **Full name of Applicant (Lessee):** _____
DOB _____ DL# _____

2. Home Address: _____
Telephone Home () _____ Business () _____ Cell() _____

3. Nature of Business or Profession: _____
If retired, former Business or profession: _____

4. Company or Firm Name: _____

5. Business Address: _____
City/State _____ Zip _____ Phone() _____

6. Name of current or most recent landlord: _____
Address: _____
City/State _____ Zip _____ Phone() _____

7. Two Personal References (local if possible):
Name: _____
Address: _____
City/State _____ Zip _____ Phone() _____

Name: _____
Address: _____
City/State _____ Zip _____ Phone() _____

8. Credit references (local if possible)
Name: _____
Address: _____
City/State _____ Zip _____ Phone() _____

9. Person to be notified in case of emergency:
Name: _____
Address: _____
City/State _____ Zip _____ Phone() _____

10. Make of vehicles owned by applicant to be kept at the unit during lease term:
Make/Model: _____ Year _____
License No. _____ State _____

11. **Full name of Spouse or Co-occupant (if any):** _____
 DOB _____ DL# _____
12. Home Address: _____
 Telephone Home () _____ Business () _____ Cell() _____
13. Nature of Business or Profession: _____
 If retired, former business or profession: _____
14. Company or Firm Name: _____
15. Business Address: _____
 City/State _____ Zip _____ Phone() _____
16. Name of current or most recent landlord: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____
17. Two Personal References (local if possible):
 Name: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____
 Name: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____
18. Credit references (local if possible)
 Name: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____
19. Person to be notified in case of emergency:
 Name: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____
20. Make of vehicles to be kept at the unit during lease term:
 Make/Model: _____ Year _____
 License No. _____ State _____
21. HRCMA Master Declaration of Covenants provides that all units are to be used as single-family residences only. Please state the name and relationship of **all** other persons who will be occupying the unit on a regular basis.

22. Please **list all pets** that will be occupying this unit. Please state breed and weight of each pet: _____

23. Mailing address for notices connected with this application (if different from home address):
 Name: _____
 Address: _____
 City/State _____ Zip _____ Phone() _____

I am aware of, and agree to abide by the Master Declaration of Covenants and Restrictions, By-Laws and all Rules and Regulations of Hunters Ridge Community Association.

I understand and agree that the Board of Directors for the Hunters Ridge Community Association, in the event it approves this lease, 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, of the Hunters Ridge Community Association's Restrictions, By-Laws, Rules and Regulations.

The prospective lessee must submit this application to the Hunters Ridge Community Association not less than 30 days prior to the start of the rental period. Hunters Ridge Community Association representatives will notify the prospective tenant or purchaser within 14 days of receipt of application whether it is approved or disapproved.

DATED: _____

Applicant

Applicant

A **\$50.00 non-refundable processing fee**, payable to Hunters Ridge Community Association, must accompany this application, for the purpose of defraying costs of administrative account updating, and other expenses related to the processing of this application. If you would like us to bill you for the application fee, please contact the administration office at 239-992-4900. **A copy of the driver's license or identification card for each occupant must accompany this application.**

APPLICATION APPROVED: _____ DISAPPROVED: _____

DATE: _____ BY: _____

Officer or Director of Hunters Ridge Community Association

Send to: **Hunters Ridge Community Association**
12500 Hunters Ridge Drive, Bonita Springs, FL 34135
Phone: 239-992-4900 / Fax: 239-992-6279