SILVERLAKES-GATEWAY HOMEOWNER'S ASSOCIATION, INC.

c/o Compass Rose Management
1010 NE 9th Street
Cape Coral, FL 33909
Phone: 239-309-0622 Email: info@crmfl.com

Approved: September 7, 2011, Rev. 1/1/18, 1/1/2021, 4/1/2021,6/4/2021,9/3/21

APPLICATION FOR LEASE

Use Restrictions: ***Minimum lease term shall be six (6) consecutive months; and the maximum lease term shall be twelve (12) consecutive months. No Home site may be subject to more than two (2) leases in any twelve (12) consecutive month period. No new lease may begin until at least six (6) months have elapsed since the first day of the last lease.*** **NO transient tenants may be accommodated in a Home site. No time share or other similar arrangement is permitted. The homeowner must provide the tenant with a copy of the covenants, rule and regulations, community standards and HOA policy documents.**

Please note: ***A home purchased on or after January 1, 2018, shall not be leased for a period of twelve (12) consecutive months commencing on the date the deed is recorded in the public records of Lee County, Florida. Homes subject to a fully executed binding purchase contract dated before January 1, 2018 are not subject to this restriction*.**

The Homeowner is responsible to ensure that this APPLICATION FOR LEASE is presented to Compass Rose Management with the application fee and copy of the lease/rental agreement.
Failure of the homeowner to comply with the association's lease policy shall result in a $100 fine.

To: The Board of Directors of Silverlakes-Gateway HOA

I (we) hereby apply for approval to Lease (address)_____in Silverlakes-Gateway, owned by_____. In order to facilitate consideration of this application, I (we) represent the following information is factual and agree that any falsification or misrepresentation of the facts in this application will justify an automatic rejection. I (we) consent to your further inquiry concerning this application, particularly to the references below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:
Full Name of Tenant /Applicant:_____.
Full Name of Spouse/Co-Applicant:_____.
Home Address:_____.
Contact Phone Number (s)_____,_____.
E-Mail address;_____.
Business or Profession:_____Position_____.
Business Address:_____.
I wish to opt in to receive email communication from the Association at the email address provided.
Yes:_____No: _____

The Declaration of Restrictive Covenants of this community provides that all homes are for SINGLE FAMILY RESIDENCES ONLY. Please provide the names and relationship of all other persons who will be occupying the residence full time or part time.

Name	Relationship	DOB/Age
1._____	_____	
2._____	_____	

Please be advised, it is the owners/rental agents responsibility to complete this information in its entirety.

Has any person occupying the home been convicted of a felony crime involving violence to person or property?
_____

Person(s) (include phone number) to contact in the event of an emergency: _____
_____

Vehicles to be parked at the home site:

Make of Vehicle	Year	Color	Tag state and Number
1.			
2.			
3.			

Provide the mailing address for notices connected with this application.
_____

Please initial your understanding of and acceptance of the following:

_____1. The official website of Silverlakes-Gateway HOA is **silverlakes-gateway-hoa.com This website contains important information relating to the community**.

_____2. I have received and read a copy of the Silverlakes documents listed below *****.

_____3. Silverlakes streets are a **"tow away zone."**

Tenant Applicant SIGNATURES:
DATE_____Tenant Applicant: _____

DATE_____Tenant Co/Applicant: _____

PLEASE PROVIDE THE FOLLOWING FOR PROCESSING:

1. **$150.00 NON-REFUNDABLE PROCESSING FEE PAYABLE TO COMPASS ROSE MANAGEMENT.**
2. **$45.00 NON-REFUNDABLE FEE PER PERSON CRIMINAL BACKGROUND CHECK FOR ALL APPLICANTS 18 AND OLDER; PAYABLE TO COMPASS ROSE MANAGEMENT.**
3. **COPY OF SIGNED LEASE AGREEMENT.**
4. **$50.36 PAYABLE TO SILVERLAKES - GATEWAY FOR TWO VEHICLE GATE ENTRY STICKERS AND TWO CLUBHOUSE ENTRY CARDS.**
5. **COPY OF DRIVERS LICENSE OR OTHER PICTURE ID FOR EACH RESIDENT OVER 18 YEARS.**

A RUSH/EXPEDITE FEE OF $50.00 TO COMPASS ROSE WILL BE ADDED TO ANY APPLICATION WITH LESS THAN 1 WEEKS' NOTICE TO PROCESS.

_____**I, the homeowner, initial that I understand that this Application of Lease is only good for the term of the Homeowner/Tenant lease or a maximum 12 months. I agree that this application of lease agreement must be renewed upon expiration, if I wish to continue to lease my home site.**

Homeowner signature: Date_____Signature: _____

APPLICATION APPROVED_____DISAPPROVED_____
By:_____ Date: _____
(Officer, Director, or Property Manager)

***Declaration of Restrictive Covenants, Rules & Regulations, Community Standard, Parking Policy**

DISCLOSURE CONSENT APPLICATION

*Please complete this form for each person to occupy the unit of the age 18 and older. Please do not leave any blanks, as this will result in a delay of the processing of the application.

Name _____

Current Address _____

City, State, Zip _____

Email _____ Phone# _____

Driver's License # and state of Issuance: _____

Social Security # _____ Date of Birth: Month _____ Day _____ Year _____

Addresses for the Last 7 Years:

_____

_____

_____

_____

_____

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act

_____ _____

Applicant Date