

LEASE APPLICATION
Woods Edge Villas Homeowners Association, Inc.
 c/o Alliant Property Management, LLC
 6717 Winkler Road, Suite #200
 Fort Myers, Florida 33919
 (239)454-1101, FAX (239) 454-1147

Application Date: _____ Application to Lease/Rent
 From: _____ To: _____

This application for approval of lease or rental must be completed in full and approved prior to occupancy of any unit. Please type or print clearly all information, sign & date.

In order to expedite your request, please review the following:

1. Application of this form is required unless the new occupant is a member of the present owner's immediate family.
2. No lease/rental will be permitted until this application has been approved in writing by the Association's Sale, Lease or Rental Committee, or Board of Directors.
3. **NO PETS are allowed.**
4. Prospective owner(s) or tenant hereby acknowledge:
 - a) The information provided is complete and accurate;
 - b) The Committee may verify or make further inquiry into the application;
 - c) The Rules and Regulations of the Association have been received, read and understood, and the applicant(s) agree to abide by them.

This application must be signed by the prospective owner or tenant. Please attach a copy of the lease/rental agreement and photo ID (Drivers License or other form of Photo ID) with the application and return the original form to Woods Edge Villas Homeowners Association, Inc. c/o Alliant Property Management LLC, 6700 Winkler Road, Suite #2, Fort Myers, FL 33919. **PLEASE SUBMIT WITH CHECKS IN THE AMOUNT OF \$25.00 MADE PAYABLE TO WOODS EDGE VILLAS HOMEOWNERS ASSOCIATION, INC. APPLICATION FEE AND \$75 MADE PAYABLE TO ALLIANT PROPERTY MANAGEMENT FOR PROCESSING.**

The undersigned hereby makes application to rent / lease Unit# _____

Located at _____,
 (address) (date)

Unit Owner's Name: _____ Phone: _____

Address: _____

Applicant's Name: _____ Phone: _____

Current Address: _____

City, State, Zip: _____

Name of Co-Applicant other than spouse: _____

Number of occupants living in unit: _____

Applicant's Employment:	Part time	Fulltime	Retired	Other
Current	Employer Name:	_____		
Previous	Employer Address:	_____		
	City, State, Zip	_____		
	Employer Phone:	() _____		

Applicants' previous address: _____
City, State, Zip: _____

Driver's License Number: _____ State: _____

#1 Vehicle Make/Model: _____ Tag# _____ State: _____

#2 Vehicle Make/Model: _____ Tag# _____ State: _____

Note: Please attach a copy of applicant's Drivers License or any other photo ID with this application.

Agent's Name: _____ Phone: _____

Real Estate Firm: _____ Phone: _____

Address: _____

If address listed above is a seasonal address, please list your permanent address and the name of a person to contact in the event of any emergency.

Permanent Address: _____

City, State, Zip: _____

Contact Person: _____ Phone: _____

Applicant's Signature

Applicant's Signature

Date

Date

BOARD APPROVAL

BOARD DISAPPROVAL

ASSOCIATION BOARD PRESIDENT Date: _____

ASSOCIATION BOARD MEMBER Date: _____