Charlevoi Condominium Association

26350 Mallard Way Punta Gorda FL. 33950
Phone: 941-575 6764 ~ Fax: 941-575 7968

Application for Lease/Occupancy

All unit owners must be current with their maintenance fees in order to lease their unit.
Applications must be submitted 15 days prior to occupancy of any unit by Lessee/Tenant.
Tenants/Occupants may not take up residence prior to Written Notification of Approval.

- Applications for Lease/Occupancy must be **COMPLETED IN DETAIL and be ACCOMPANIED BY:**
  A Copy of the Executed Lease, A Copy of the Completed Background Inquiry Release Form (NRG), Copies of Drivers Licenses, Checks for Required Fees (Detailed Below). Incomplete Forms and missing items may result in a delay in the approval process.

- Please attach a non-refundable **$125.00 Fee, made payable to Charlevoi Condominium Association**. Please attach a non-refundable **$25.00 Fee, made payable to Star Hospitality management.** Acceptance of the processing fee does not in any way constitute approval of this transaction.

- **Homeowners must own for 24 months prior to Leasing their unit.** All Leases require a, **Minimum Term of Six Months and a Maximum Term of 1 year**. Renewal Leases are subject to annual re-approval by the Board of Directors and require an updated Application for Lease/Occupancy and a copy of the Executed Lease. Approval by the Board of Directors shall be specifically for those individuals named on the initial application. Any new adult occupant(s) who desires to move into the unit must complete the application and approval process before occupancy.

- It is the responsibility of the Unit Owner or their Renting Agent to provide tenants with the Rules and Regulations by which the tenant must agree to abide. Tenants and Occupants like owners, are subject to all Rules and Regulations, Governing Documents and Bylaws. Violations may result in fines and/or legal action including eviction.

- Charlevoi Condominium Association is an Age Restricted Facility (55 years). **All Tenants and Occupants must submit Copies of Drivers Licenses or Photo Id Cards.**

- Each Unit will be allowed 1 parking spaces. Motor Homes, RV's, Boats, Trailers or Motorcycles are not permitted.

- **PETS ARE NOT ALLOWED**

Please return the completed forms, required documents and fees to the address above.
For assistance with the Rental/Occupant Approval Process you may contact
J.Telisky@Starhospitalitymanagement.com

Application Date: _____ Lease Term Starting: _____ Ending: _____

Address of Rental in Charlevoi Condominium Assoc.: Building _____ Unit _____

Homeowners Information

Name:_____

Homeowners Phone #: _____ Homeowners E-Mail: _____

Homeowners Mailing Address: _____

Leasing Agent Name: _____ Phone: _____

Leasing Agent E-Mail Address: _____

Applicant Information

Applicants (Tenant) Name: _____

Phone #: _____ E-mail: _____

2nd Applicants Name: _____

Phone #: _____ E-mail: _____

Emergency Contact Name: _____ Phone #: _____

Additional Occupants = All Proposed Occupants

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

HAS APPLICANT OR CO-APPLICANT EVER BEEN CONVICTED OF A FELONY? Yes: _____ No: _____
IF YES, WHAT WAS THE DATE OF THE CONVICTION AND THE CRIME COMMITED?
Date: _____ Crime Committed: _____

Automobile Information

Auto. #1 Make:_____ Model:_____ Year: _____ Plate #: _____ Color: _____

Auto. #2 Make: _____ Model: _____ Year: _____ Plate #: _____ Color: _____

Date: _____

Signature: _____ Signature: _____
Applicant Co-Applicant

Signature: _____
Homeowner/Rental Agent

The Lessee/Occupant hereunder Acknowledges that this Lease is Subject to the Rules, Regulations, Bylaws and Declarations of Covenants, Provided by Owner/Agent Which Lessee/Occupant has read and agrees to be Bound Thereby, and that failure to Comply with same may result in Fines along with Certain Remedies Being Invoked by the Association against Lessee/Occupant, Including Without Limitation, Termination of this Lease and Personal Liability of Lessee for Damages.

Applicant Signature: _____ Co-Applicant Signature: _____

NRG **NATIONAL RESEARCH GROUP** NRG
APPLICANT BACKGROUND CHECKS

Applicant - 2004

APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.
to Conduct Individual Background Searches and Verifications as Requested By The Employer

BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, driving history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUE: _____

CURRENT ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

PRIOR ADDRESS: _____ Dates: _____

CITY-STATE-ZIP: _____

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The LAST 7 YEARS Include Dates of Residence Above and Below

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Address: _____ Dates: _____

Please SIGN
With Full Legal Name and Date:

APPLICANT'S SIGNATURE: _____ **Date:** _____

☎ **941·488·8500** **800·531·6522** **941·488·8505** FX