

DATE \_\_\_\_\_



**APPLICATION FOR APPROVAL TO LEASE**

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

Name of Hunters Ridge Homeowner: \_\_\_\_\_ E-mail address: \_\_\_\_\_

I hereby apply for approval to lease property located at: \_\_\_\_\_  
for the period dates of \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_. A complete copy of the signed lease is attached. **Annual rentals require a tenant interview before being approved. Shorter term rentals may require an interview if requested.**

MEMBERSHIP TYPE (Please check) SOCIAL \_\_\_\_\_ GOLF \_\_\_\_\_

**Please note that residences with only a Social Membership have NO GOLF PRIVILEGES.**

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 Hunters Ridge Community Association, Inc., conducting a thorough background and/or credit check prior to approval/disapproval of this application.

Tenant signature: \_\_\_\_\_ Please print name \_\_\_\_\_

Tenant signature: \_\_\_\_\_ Please print name \_\_\_\_\_

E-MAIL ADDRESS FOR TENANTS \_\_\_\_\_ PHONE \_\_\_\_\_

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 (available on line at [Huntersridge-ca.com](http://Huntersridge-ca.com)). **It is the responsibility of the homeowner to conduct any and all background checks on the tenant/applicant. The HRCA by its approval of this application does not accept responsibility for the actions of the tenant/applicant.**

Please return this fully completed application to the Hunters Ridge Administration Office at 12500 Hunters Ridge Drive, Bonita Springs, FL 34135, attention Andrea Robles, or email to her at [andrea@huntersridge-ca.com](mailto:andrea@huntersridge-ca.com) along with your application fee of \$100.00 (one hundred dollars), and copies of drivers' licenses for all occupants along with a copy of the lease. All names on the application must match those on the lease. Applications that are incomplete, submitted without the application fee, the lease, or the driver licenses will be returned to the homeowner for completion.

This application must be submitted to not less than 10 days prior to the start of the rental period. Hunters Ridge Community Association representatives will notify the prospective homeowner whether it is approved or disapproved.

Homeowner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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. Garage doors must be kept closed at all times except when actively being used.
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 or the cart paths.
5. Garbage pick up is on Monday, vegetation and recycling is on Tuesday. Please do not put your trash out earlier than the night before pick up.
6. Commercial vehicles are only allowed if they are parked in your closed garage.

APPLICATION APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

Received application fee/billed application fee \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. **Full name of 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. 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.*  
\_\_\_\_\_  
\_\_\_\_\_
11. Please **list all pets** that will be occupying this unit. Please state breed and weight of each pet: \_\_\_\_\_  
\_\_\_\_\_
12. Make of vehicles owned by applicant to be kept at the unit during lease term:  
Make/Model: \_\_\_\_\_ Year \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_

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, Inc. I understand and agree that the Board of Directors for the Hunters Ridge Community Association, Inc., 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. Please provide a page of information for each adult staying on-site in Hunters Ridge. Please make additional copies of page 3 for each lessee.

Date: \_\_\_\_\_

Lessee Signature: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

13. **Full name of Spouse or Co-occupant (if any):** \_\_\_\_\_  
DOB \_\_\_\_\_ DL# \_\_\_\_\_
14. Home Address: \_\_\_\_\_  
Telephone Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_
15. Nature of Business or Profession: \_\_\_\_\_  
If retired, former business or profession: \_\_\_\_\_
16. Company or Firm Name: \_\_\_\_\_
17. Business Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
18. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
19. Two Personal References (local if possible):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
20. Credit references (local if possible)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
21. Person to be notified in case of emergency:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_
22. Make of vehicles to be kept at the unit during lease term:  
Make/Model: \_\_\_\_\_ Year \_\_\_\_\_  
License No. \_\_\_\_\_ State \_\_\_\_\_
23. Mailing address for notices connected with this application (if different from home address):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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Date: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_

*Please make additional copies of this page for each lessee.*