Hawthorne Community Association

Application for Lease

Application Check List

Applicant has been provided the following Documents by Homeowner:

- ☐ Approval Application and Gate Access Form
- ☐ Copy of Hawthorne Community Governing Documents
- ☐ Executed Lease Agreement

Applicant has submitted the following Documents to Cambridge Management:

- ☐ Completed Approval Application and Completed Envera Access Form
- ☐ Executed Lease Agreement
- ☐ Application Fees

Application Fee

$100.00 Application Fee (per married couple or per person if not married) – This **non-refundable** fee should be made PAYABLE to Hawthorne Community Association for the processing of the application.

$50.00 Background Check Fee Per Applicant over the age of 18 years. – This **non-refundable** fee should be made payable to Cambridge Management of SWFL for the cost to run a full state and federal background check.

Application Submission

The application is not processed until all required documents and fees are submitted. The sales and rental approval process require thirty (30) days for completion from the date of complete submission of the application. For applicants who are persons serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces shall be approved within seven (7) days from the date of complete submission of the application. All Service Members as defined above will be asked to provide a copy of their active Military ID for verification.

Mail Completed Application to: Cambridge Management of SWFL
2335 Tamiami Trail N, Ste. 402
Naples, FL 34103

Please note that applications are not processed until a fully completed application is submitted. A fully completed application includes all required documents and fees. Applications may not be emailed or faxed.

Hawthorne Community Association

Application for Approval to Lease

Current owner of record: _____ Unit # _____

Hawthorne Address _____

Lease Start Date: _____ Lease End Date: _____

THIS FORM MUST BE SUBMITTED THIRTY (30) PRIOR TO OCCUPANCY. APPROVAL <u>MUST</u> BE RECEIVED PRIOR TO OCCUPANCY. *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:

Full name of applicant: _____

Current Address: _____

PH # : _____ Email Address: _____

Social Security No.: _____ Date of Birth: ____/____/____

Nature of business/profession (if retired, former): _____

Name of Employer: _____ PH # _____

Full name of applicant: _____

Current Address: _____

PH # : _____ Email Address: _____

Social Security No.: _____ Date of Birth: ____/____/____

Nature of business/profession (if retired, former): _____

Name of Employer: _____ PH # _____

Additional Occupants to Residence: The Governing Documents of Hawthorne Community Association provide for the obligation of parcels to be used primarily for Single-Family residential and related purposes. No business shall be conducted in, on, or from any Parcel, except that an Occupant residing in the Home on a Parcel may conduct business activities on such Parcel ancillary to their primary residential use, if the business activity, as determined in the Boards discretion.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

VEHICLE(S): Hawthorne Community Association is a gated community. All residents are required to complete the Gate Access Form prior to being issued vehicle stickers, fobs or call box information is activated.

Make/Model _____ Color _____ Year _____

Make/Model _____ Color _____ Year _____

Make/Model _____ Color _____ Year _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Ph # _____

Address: _____ City / St / Zip: _____

APPLICANT ACKNOWLEDGEMENT: I hereby agree for myself and on behalf of all persons who may occupy the residence which I seek to reside in. (Please initial by each item.)

A. _____ I/We will abide by all of the restrictions contained in the Governing Documents, Rules and Regulations, and Restrictions which are or may in the future be imposed by the Association. I/We have received copies of the Association Documents and Rules & Regulations from the owner of the unit and fully understand that this is a deed restricted community in which I am required to act in accordance with the Documents referenced above.

B. _____I/ We understand that any violations of the terms, provisions, condition and covenants of the Hawthorne Community Association, provides cause for immediate action.

C. _____ I/We understand and agree that the Association, in the event it approves the LEASE for this unit at any time, 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 provisions of the Declaration, By-laws, the Rules and Regulations and Florida.

D. _____ I/We understand and agree that the Association, in the event it approves the 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 provisions of the Hawthorne Community Association and the Rules and Regulations.

E. _____ I/We provide permission to allow Hawthorne Community Association to contact me electronically for the purpose of providing Official Notice of Association Business. I also authorize the Association to provide my contact information to Community Committee such as the Social Committee for the purpose of receiving notifications of events.

AUTHORIZATION: I/We hereby authorize Hawthorne Community Association to verify all information contained on the application and conduct a full background check, including but not limited to: credit, employment, income, eviction and criminal and authorize that they contact any persons or companies listed on this application. I understand that the Community Association is represented by Cambridge Management of SWFL and that Cambridge Management of SWFL will process and conduct this background and credit check on the Associations behalf.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

For Office Use Only: ( ) Application Approved ( ) Application Disapproved

Officer or Director Signature: _____ Date: _____