

# Palmira Master Homeowners Association Inc.

Lease/Rental Check List  
c/o KEB Management Services  
6017 Pine Ridge Rd #262  
Naples, FL 34119  
(239) 262-1396 Fax (239) 262-5947

**APPLICATIONS ARE NOT COMPLETE WITHOUT THE FOLLOWING AND WILL BE RETURNED**  
**PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:**

- \_\_\_\_\_ COPY OF THE SIGNED LEASE/RENTAL AGREEMENT BY ALL APPLICANTS
- \_\_\_\_\_ COMPLETED APPLICATION SIGNED AND INITIALED WHERE REQUIRED BY ALL APPLICANTS
- \_\_\_\_\_ \$10.00 FOR EACH BARCODE PAYABLE TO **Palmira Master HOA** AND COMPLETED VEHICLE FORM FOR BARCODES
- \_\_\_\_\_ \$100.00 PROCESSING FEE PAYABLE TO **KEB Management**  
CHECK NUMBER: \_\_\_\_\_
- \_\_\_\_\_ \$25.00 BACKGROUND CHECK FEE PER PERSON 18 and OVER PAYABLE TO **KEB Management (U.S. Citizens)**  
CHECK NUMBER: \_\_\_\_\_
- \_\_\_\_\_ \$100.00 BACKGROUND CHECK FEE PER PERSON 18 and OVER PAYABLE TO **KEB Management (International Citizens)**  
CHECK NUMBER: \_\_\_\_\_
- \_\_\_\_\_ \$133.13 TRANSFER FEE FOR USE OF THE RENAISSANCE CENTER CLUB AMENITIES MADE PAYABLE TO **RCC**
- \_\_\_\_\_ LEGIBLE COPY OF DRIVER'S LICENSE

**RENEWAL LEASE:**

- **Repeat Seasonal Tenant:** Previous Date From: \_\_\_\_\_ to \_\_\_\_\_
- **Address Rented** \_\_\_\_\_  
Requires the **COMPLETE APPLICATION** and all required fees. (Background Check not required)
  
- **Annual Lease extension** of existing lease: Previous Date: From \_\_\_\_\_ to \_\_\_\_\_  
Requires **ANNUAL LEASE RENEWAL APPLICATION** only, lease contract and processing fee of \$ 50.00 payable to **KEB Management** (Background Check and Application Fee not required)

\_\_\_\_\_  
Unit Owner(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant(s) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Realtor Signature (If Applicable)

\_\_\_\_\_  
Date

**PALMIRA GOLF AND COUNTRY CLUB MASTER HOA**

c/o KEB MANAGEMENT SERVICES

Mailing Address:

6017 PINE RIDGE RD. #262

NAPLES, FL 34119

**Office Location: 11100 Bonita Beach Rd. SE #101, Bonita Springs, FL 34135**

239-262-1396 OFFICE 239-262-5947 FAX

**APPLICATION FOR ANNUAL LEASES**

This application must be submitted by the Unit Owner along with the required enclosures and a \$70.00 non-refundable application fee, (see page 5) no less than twenty (20) days prior to occupancy to allow for processing time. Application must be received at least twenty (20) days prior to occupancy. **BARCODES ARE MANDATORY FOR ALL RENTERS AND WILL BE A \$10.00 FEE.** Please note that, per the terms of the Governing Documents, your home or Unit may only be rented a total of three times within a calendar year, and for a term of no less than 30 days.

For all lease extensions and lease renewals, a new lease application must be filled out, signed and submitted at least twenty (20) days prior to the expiration of the lease. A new lease or an addendum to the original lease must be submitted as well. The application fee is waived for all extensions and renewals filed and approved PRIOR to the expiration of the original lease.

Unit Address: \_\_\_\_\_ Lot / Unit # \_\_\_\_\_

Current Owner of Record: \_\_\_\_\_

Term of Lease: For the period Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

As the owner of the Unit, please list your mailing address and phone number for all correspondence with the Palmira Master HOA (PMHOA) and/or Neighborhood Associations.

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I AGREE THAT THE ASSOCIATION, IN THE EVENT IT APPROVES THIS LEASE, IS AUTHORIZED TO ACT AS MY AGENT WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION MAY BE REQUIRED TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF PROVISIONS OF THE RULES AND REGULATIONS OF THE PALMIRA MASTER HOA AND ANY NEIGHBORHOOD ASSOCIATION.

Signature of Homeowner or Rental Agent on behalf of Homeowner: \_\_\_\_\_

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

**Lessee Information**

The undersigned prospective Lessee hereby makes application for approval to lease in the Neighborhood indicated on page 5 and page 6 below and agrees to abide by all Rules and Regulations and Covenants of the Palmira Master HOA as well as any applicable Neighborhood Association. The applicant(s) represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request. **ANYONE WHO WILL BE LIVING IN THE RESIDENCE FULL TIME THAT IS OVER THE AGE OF 18, WILL BE REQUIRED TO HAVE A BACKGROUND CHECK.**

Persons who will occupy the above Residence are as follows:

Lessee Name: \_\_\_\_\_

Co-Lessee Name: \_\_\_\_\_

Lessee's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current or Last Employer: \_\_\_\_\_

How Long: \_\_\_\_\_ Position: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: \_\_\_\_\_

Others who will occupy the unit on a FULL-TIME basis:

<u>Name</u>	<u>Relationship</u>	<u>DOB</u>
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

NOTE: Occupancy is restricted to the residential, non-business use of a Unit by one person or a single household as these terms are defined in the Palmira Master HOA Use Restrictions.

**Lessee Information (continued)**

**Automobile Information**

	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>License Plate</u>	<u>State</u>
Auto #1:	_____	_____	_____	_____	_____	_____
Auto #2:	_____	_____	_____	_____	_____	_____

NOTE: \*Please refer to the Palmira Master HOA and if applicable, Neighborhood Association documents for Vehicle and Parking restrictions. Violations of Parking Restriction rules and regulations may lead to lease termination and eviction.

**Pet Information: Enclave allows 2 pets under 30 lbs each. Paloma DOES NOT allow renters to have pets.**

Pet #1: Pet's Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Pet's License # \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Rabies Vaccination Date: \_\_\_\_\_

Pet #2: Pet's Name: \_\_\_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Pet's License # \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
Rabies Vaccination Date: \_\_\_\_\_

NOTE: Please refer to the Palmira Master HOA and if applicable, Neighborhood Association documents for Animal, Pet and Noise restrictions.

Persons to be notified in Case of Emergency:

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

\*The Unit owner is responsible to provide you with copies of all Palmira Master HOA and if applicable, Neighborhood Association documents. If your vehicle is one that requires it be garaged it is your responsibility to ascertain that you can do so, or risk being denied a vehicle access sticker.

**PALMIRA GOLF AND COUNTRY CLUB MASTER HOA**

**Tenant/Applicant Representations:**

1. I am aware of and agree to abide by and be bound by the Declaration of Covenants, Conditions and Restrictions for Palmira Master HOA, and any applicable Supplemental Declarations, the By-Laws, the Use Restrictions and the Rules and Regulations (collectively the "Governing Documents" for purposes of this Lease Application) of Palmira Master HOA and any applicable Neighborhood Association. It is the Owner's obligation to make these Governing Documents available to me. My signature acknowledges: (i) my receipt of these Governing Documents; and (ii) my concurrence that they have been read in their entirety and understood by me before entering into any agreement for the rental of the above Unit and before the execution of this application form; and (iii) my agreement to comply with all Governing Documents as written. I FURTHER UNDERSTAND AND AGREE THAT THE PALMIRA MASTER HOA OR NEIGHBORHOOD ASSOCIATION, IN THE EVENT IT APPROVES A LEASE, IS AUTHORIZED TO ACT AS THE OWNER'S AGENT WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION MAY BE REQUIRED TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF PROVISIONS OF THE RULES AND REGULATIONS OF THE PMHOA AND/OR ANY NEIGHBORHOOD ASSOCIATION.
2. I ACKNOWLEDGE THAT I MAY NOT OCCUPY THE PREMISES PRIOR TO RECEIVING APPROVAL TO DO SO FROM THE PMHOA AND/OR AUTHORIZED NEIGHBORHOOD ASSOCIATION.
3. IF, AT ANY TIME DURING THE TERM OF MY LEASE, THE UNIT OWNER BECOMES DELINQUENT IN THE PAYMENT OF ASSESSMENTS TO THE PMHOA OR NEIGHBORHOOD ASSOCIATION EITHER ASSOCIATION MAY MAKE A DEMAND UPON ME AND I WILL FORWARD ALL RENT PAYMENTS AFTER THE DATE OF THE DEMAND TO THE ASSOCIATION UNTIL THE ASSESSMENTS ARE PAID IN FULL, PURSUANT TO FLORIDA STATUTES SECTION 720.3085.
4. MY SIGNATURE AUTHORIZES THE PMHOA AND/OR NEIGHBORHOOD ASSOCIATION TO OBTAIN ANY AND ALL BACKGROUND INFORMATION RELATING TO ME AND FURTHER AUTHORIZES ANY AND ALL OF THE MY CREDITORS AND CREDIT BUREAUS TO RELEASE ANY AND ALL OF MY CREDIT HISTORY TO THE PMHOA AND/OR NEIGHBORHOOD ASSOCIATION.
5. MY SIGNATURE CERTIFIES THAT ALL THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT AND THAT THE OCCUPANCY OF THE ABOVE UNIT IS BASED UPON THE ACCURACY OF SAID INFORMATION AND THAT REMOVAL PROCEEDINGS MAY RESULT AGAINST ME AND ALL OTHER OCCUPANTS OF THE UNIT SHOULD IT BE ESTABLISHED THAT ANY OF SAID INFORMATION IS NOT TRUE AND CORRECT.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CO-APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF UNIT OWNER

Or REAL ESTATE AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

Name of Real Estate Company: \_\_\_\_\_

Address of Real Estate Agent: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Annual Property Rental – the property owner needs to:**

- Pick up a rental packet at KEB Management Services or print off the Palmira website.
- Complete the Renaissance Center Club transfer application – this is required for the lessee to utilize the facilities and services of the Renaissance Center Club, e.g., pool, exercise facility, restaurant. PLEASE REMEMBER IF YOU TRANSFER YOUR PRIVILEGES TO YOUR LESSEE, YOU WILL NOT BE ALLOWED ACCESS TO THE RCC, WHICH INCLUDES TENNIS, DURING THE TIME OF TRANSFER.
- Deliver to KEB Management Services office: 11100 Bonita Beach Rd. Suite #101 (fax 239-262-5947):
  - Copy of the completed lease application
  - Copy of executed lease
  - Application fee (\$100) made payable to KEB Management Services
  - Background check fees (\$25 for each person over the age of 18) **ALL APPLICANTS OVER THE AGE OF 18 LIVING FULL TIME IN THE RESIDENCE ARE REQUIRED TO HAVE A BACKGROUND CHECK. PLEASE NOTE THAT INTERNATIONAL APPLICANTS (INCLUDING CANADA) HAVE HIGHER FEES FOR BACKGROUND CHECKS. PLEASE CALL OUR OFFICE FOR PRICING (239-262-1396)**
  - Completed RCC transfer form
  - \$133.13 transfer fee – made payable to **RCC**
  - \$10.00 Barcode Fee for each vehicle (required for all renters)

IF YOU WISH TO MAIL THIS INFORMATION TO US, SEND TO:  
KEB MANAGEMENT SERVICES  
6017 PINE RIDGE RD. #262  
NAPLES, FL 34119

Gate access for lessee – KEB Management Services will notify the guardhouse of your rental. Each lessee will be allowed up to two (2) bar codes for a charge of \$10 each paid at the time of issuance. The owner or agent will need to fill out a lease bar code registration form which may be obtained from our office. All bar codes to lessees will be valid through the duration of the lease and will be deleted from the system once the lease terminates. **If the lease is renewed, you as the owner must notify KEB Management Services via email or phone. The bar code registration will then be adjusted accordingly.**

**ACTION OF THE BOARD/AGENT**

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_ DATE OF DECISION: \_\_\_\_\_

BY: \_\_\_\_\_ Title: \_\_\_\_\_

Registration Form for a Lessee

Vehicle Bar Code Decals

**BARCODES ARE MANDATORY**

The lessee is authorized to receive bar codes for the dates from \_\_\_\_\_ to \_\_\_\_\_.

Owners Signature: \_\_\_\_\_

Owners Printed Name: \_\_\_\_\_

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



Lessee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Alternate No. \_\_\_\_\_

**Vehicle #1**

Make and Model of Vehicle: \_\_\_\_\_

VIN No: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Issued by State of: \_\_\_\_\_

**Vehicle #2**

Make and Model of Vehicle: \_\_\_\_\_

VIN No: \_\_\_\_\_

Color of Vehicle: \_\_\_\_\_

Year of Vehicle: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Issued by State of: \_\_\_\_\_

**Internal Use Only:**

BAR CODE#1 \_\_\_\_\_ Issue Date: \_\_\_\_\_

BAR CODE#2 \_\_\_\_\_ Issue Date: \_\_\_\_\_

**BAR CODES ARE \$10 EACH**

**RESIDENTIAL SCREENING AUTHORIZATION FORM**

(Please Print) Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
(AccuData Inc. client information only)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel#: \_\_\_\_\_ E-mail or Fax# (for results): \_\_\_\_\_

Type of Screening Requested (please circle)

Package: 1 2 3 4 Other Services: A B C D E F G H I J

\* Package 5+ form available upon request



**RESIDENTIAL SCREENING AUTHORIZATION FORM**

(Please Print) Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
(AccuData Inc. client information only)

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Tel#: \_\_\_\_\_ E-mail or Fax# (for results): \_\_\_\_\_

Type of Screening Requested (please circle)

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