

Application to Lease

The Preserve of Vero Homeowner’s Association, Inc.
c/o Bolton Community Management, LLC
2770 Indian River Blvd., Suite 400J
Vero Beach, FL 32960
Office: 772-675-5005, Burt@BoltonCommunityMgmt.com

\$250 Application Fee and \$500 Security Deposit are required

(Please make check payable to “The Preserve of Vero HOA, Inc.”)

This completed form is submitted for consideration of my/our application to lease a residence at The Preserve of Vero HOA, Inc. I/We represent that the following information is complete and true. I/We give consent for you to make inquiries about the personal information and references given here. I/We agree to meet with representatives of the Association prior to occupying the residence, if requested. **AS REQUIRED, A COPY OF THE “CONTACT FOR LEASE” MADE BETWEEN THE OWNER AND ME/US IS ATTACHED.** All applicants must acknowledge receipt of the Declarations of Covenants, Conditions and Restrictions for The Preserve, The By-Laws of The Preserve and The Rules and Regulations of The Preserve and agree to abide by same.

Lessee’s Name: _____ D.O.B. _____

Current E-mail Address: _____

Spouse’s Name: _____ D.O.B. _____

Current E-mail Address: _____

Current Home Address: _____

Phone: _____

City: _____ State: _____ Zip Code: _____

The Preserve of Vero’s address you are leasing:

Home Address: _____

City: Vero Beach State: FL Zip Code: 32962

Lease Period From: _____ To _____

Lessee's Business Affiliation (if retired, former business affiliation):

Name of Business Affiliation: _____

Position: _____

Address: _____

Names and Addresses of two (2) Rental References. Local rental references and addresses are preferred. Please list phone numbers where individuals can be reached during normal working hours:

1. _____ Phone _____

2. _____ Phone _____

Names and Addresses of two (2) Rental References. Local rental references and addresses are preferred. Please list phone numbers where individuals can be reached during normal working hours:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Names of all other persons who will reside in the residence to be rented:

Name: _____ D.O.B. _____

Current E-mail Address: _____

Name: _____ D.O.B. _____

Current E-mail Address: _____

Name: _____ D.O.B. _____

Current E-mail Address: _____

Name: _____ D.O.B. _____

Current E-mail Address: _____

If this application is approved, I/We agree to abide by the Rules and Regulations and the Declaration of Covenants establishing The Preserve of Vero HOA, Inc. A complete copy of the Rules and Regulation and Declaration of Covenants has been provided to me/us by the homeowner or agent. I/We acknowledge that I/We have read the HOA documents and accept the covenant it represents. I/We understand that the Board of Directors may take up to thirty (30) days after receiving the application to complete action on this matter.

All Adults Residents Must Sign this Application.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please indicate below that you have received the following HOA Documents:

1. Declaration of Covenants, etc. Signature: _____ Date: _____
2. By-Laws of The Preserve Signature: _____ Date: _____
3. Rules and Regulations Signature: _____ Date: _____