

AVIAN PLACE HOME OWNER'S ASSOCIATION INC.

Schoo Association Management, LLC

9403 Cypress Lake Dr. #C

Fort Myers, Florida 33919

Phone (239) 362-3091 * Fax (239) 362-0894

Clubhouse: Phone: (239) 931-0172 Fax: (239) 931-0324

GUEST APPROVAL FORM

Association Name: _____

Owner(s) Name: _____

Guest(s) Name: _____

Address: _____

Length of Stay: From: _____ To: _____

Approved: Yes _____ No: _____

If no, reason: _____

Director/Managing Agent

Date

**AVIAN PLACE HOME OWNER'S ASSOCIATION INC.
AGREEMENT AND REGISTRATION FOR GUESTS STAYING
IN AVIAN PLACE DURING OWNER ABSENCE**

Name of Owner(s)

(Required): Owner(s) Phone Number(s): _____

Email Addresses:

Owner _____ **Guest** _____

Association: _____

ADDRESS OF PROVINCE PARK CONDOMINIUM OR AVIAN PLACE HOMEOWNERS VILLA:

Name of Guest(s):

Guest(s) Address:

(REQUIRED): Guest(s) Phone Number(s): _____

Dates Guest(s) will be staying in home/unit during my absence:

From: _____ **To:** _____

PROVINCE PARK MASTER HOA

Schoo Management Inc.
9411 Cypress Lake Drive Suite #2
Ft. Myers, FL 33919
P: 239-481-4700 | F: 239-481-6321
Clubhouse: P: 239-931-0172 | F: 239-931-0324

GUEST APPROVAL FORM

Association Name: _____

Owner(s) Name: _____

Guest(s) Name: _____

Address: _____

Length of Stay: From: _____ To: _____

Approved: Yes _____ No: _____

If no, reason: _____

Director/Managing Agent

Date

**PROVINCE PARK MASTER ASSOCIATION
AGREEMENT AND REGISTRATION FOR GUESTS STAYING
IN PROVINCE PARK DURING OWNER ABSENCE**

Name of Owner(s)

(Required): Owner(s) Phone Number(s):

Email Addresses:

Owner _____ Guest _____

Association: _____

ADDRESS OF PROVINCE PARK CONDOMINIUM OR AVIAN PLACE HOMEOWNERS VILLA:

Name of Guest(s):

Guest(s) Address:

(REQUIRED): Guest(s) Phone Number(s):

Dates Guest(s) will be staying in home/unit during my absence:

From: _____ To: _____

Owner:

I/we certify that our guest(s) will not be renting this unit from me/us during the time they will be staying in Province Park.

I/we understand that if the Association determines I/we are renting this home/unit out to the guest(s) named in this agreement, I/we may be subject to a fine of \$100 per day and facility usage suspension. Furthermore, rentals of any home/unit in Province Park for less than 30 days is a violation and subjects the owner(s) to fines of \$100 per day and facility usage suspension.

I also acknowledge guests are not permitted to stay in my unit if I am in arrears with any Association dues (either sub Association or Master).

Owner(s) Signature(s):

Guest(s):

The maximum length of stay for a guest is 14 days; otherwise all guests are required to complete a rental application instead (whether or not you are paying rent), provide a lease, pay all application fees, and complete background checks.

I/we certify I/we am/are not paying rent to the owner of this home/unit or staying longer than 14 days. I/we understand that if the Association determines I/we have paid or will be paying rent to the owner of this Province Park Condominium or Avian Place HOA property for use of the property during my/our stay, or staying longer than 14 days, I/we will be required to vacate the property immediately. Furthermore, I/we acknowledge I/we are required to:

1. Submit a copy of my/our driver's license and a valid auto registration.
2. Complete an Envera Registration Form to purchase Fobs for the use of the amenities and vehicle stickers for gate entry (Fobs are \$8 each and Vehicle Stickers are \$13 each with a limit of 2 for each item. Only cash is accepted and exact change is required.
3. Complete a background check form and pay the applicable fee of \$25 per person for U.S. residents (rates are higher for residents not from the United States and vary by country of residence). Check with School Management for rates.

Guest(s) Signature(s):

Do you have a pet?

Yes _____ No _____

If you answered YES, please proceed to the following section regarding pets.

Pets:

FOR GUESTS STAYING IN THE PROVINCE PARK CONDOMINIUM ASSOCIATION:

I/we understand guests are not permitted to have pets in the Province Park Condominium Association Community.

Furthermore, I/we understand if we bring a pet into the Province Park Condominium Association, I/we will be required to vacate the property immediately.

Guest(s) Signature(s):

FOR GUESTS STAYING IN THE AVIAN PLACE HOMEOWNERS ASSOCIATION:

I/we understand guests are not permitted to have pets in the Avian Place Homeowners Association.

Furthermore, I/we understand if we bring a pet into the Avian Place Homeowners Association, I/we will be required to vacate the property immediately.

Guest(s) Signature(s):

School Mgmt / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A

Supervisor: _____ N/A _____ Salary: _____ N/A

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A

Landlord: _____ N/A _____ Rent: _____ N/A

Rented From: _____ N/A _____ To: _____ N/A

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ DATE: _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- ☐ For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

Schoo Mgmt / Ref# _____

RESIDENTIAL SCREENING REQUEST

First: _____ Middle: _____ Last: _____

Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ DOB (MM/DD/YYYY): _____

Tel#: _____ Cel#: _____

Current Employer

Company: _____ N/A _____ Tel#: _____ N/A

Supervisor: _____ N/A _____ Salary: _____ N/A

Employed From: _____ N/A _____ To: _____ N/A _____ Title: _____ N/A

Current Landlord

Company: _____ N/A _____ Tel#: _____ N/A

Landlord: _____ N/A _____ Rent: _____ N/A

Rented From: _____ N/A _____ To: _____ N/A

I have read and signed the Disclosure and Authorization Agreement.

SIGNATURE: _____ **DATE:** _____

DISCLOSURE AND AUTHORIZATION AGREEMENT
REGARDING CONSUMER REPORTS

DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, criminal record, education, qualifications, motor vehicle record, mode of living, credit and/or indebtedness may be obtained in connection with your application for and/or continued residence. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your residence.** Upon timely written request of the management, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agency, or other persons or agencies having knowledge about you to furnish AmeriCheckUSA with any and all background information in their possession regarding you, in order that your residence qualifications may be evaluated. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

READ, ACKNOWLEDGED AND AUTHORIZED

Print Name

Signature

Date

- ☐ For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the report, if one is obtained, please check the box.

PROVINCE PARK MASTER ASSOCIATION

I have received the RULES AND REGULATIONS for the Community and understand the rules and regulations.

Pets, Parking, Use of Amenities, nuisance and all covered in the documentation.

I understand that I am responsible for all persons in my unit.

I understand that any damages to the gate system, by myself or my visitors, will be my financial responsibility. The minimum charge will be \$75.00.

The responsibility is on the Tenant, Property Manager/or owner to ensure that the Rules and Regulations are understood.

I, _____, am truthful in the declaration that the Rules and Regulations are understood. Non-compliance may lead to non-renewal of lease/fines/and or eviction. All non-compliance issues come with an administration fee of \$10.

Dated: _____

Tenant: _____

Tenant: _____

Property Manager/Agent or Owner: _____