

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

LEASING PROCEDURES AND CHECKLIST

Dear Homeowner/Leasing Agent:

Attached to this letter you will find the following Sail Harbour Leasing Forms that are required to lease a home in Sail Harbour at HealthPark:

1. Lease Registration Form
2. Owner Contact Form
3. Vehicle Registration Form
4. Access Control Authorization Form
5. Pet Registration Form
6. The Sail Harbour Leasing Info & Access Procedure Instructions. Share with your tenants(s).

Please download the Sail Harbour Rules & Regulations by accessing www.SailHarbourFortMyers.com and providing to the tenant.

Please note:

- The Leasing Checklist must accompany each Leasing Packet
- The Leasing Packet must be complete or it will be returned to sender
- The Leasing Packet must be submitted 20 days prior to date of inception of lease or renewal
- Bar-code stickers are available for pick-up at Tropical Isles Management Office by appointment only
- Bar-code stickers are deleted on the expiration date of the lease

Leasing Checklist

- _____ Lease Registration Form
- _____ Owner Contact Form (enter "N/A" if already on file with Tropical Isles Management Services)
- _____ Vehicle Registration Form
- _____ Access Control Authorization Form
- _____ Pet Registration Form (enter "N/A" if no pet)
- _____ Note: No dog may be kept in a leased home. A registered dog(s) in a leased home as of 3/11/2015 is grandfathered for the remainder of their lease and renewals thereof.
- _____ Copy of legally executed lease agreement
- _____ NATIONAL Criminal Background check for each adult residing in the unit as listed on the Lease Registration Form and/or lease agreement.
- _____ Check written to Tropical Isles Management Services in the amount of \$100 for the lease registration fee. This fee will include two (2) Bar-code stickers for each single car garage or up to four (4) bar codes stickers per two car garage. The fee for a lease renewal is \$50.
- _____ Copies of current drivers license for each resident over 16 years old
- _____ Copies of current Vehicle Registration for each vehicle registered to unit
- _____ Copies of current Vehicle Insurance Card or policy for each vehicle registered to unit

Applicant's Name



Applicant's Signature

Date submitted: _____

Please send Leasing Packet to: Jennie Worthington, CAM (jennie@tropicalisles.net)
Tropical Isles Management Services, Inc.
Phone: (239) 939-2999 ext. 218 Fax: (239) 939-4034

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

LEASE REGISTRATION FORM

This application must be submitted to Tropical Isles Management Services at least (20) days prior to the start of any new lease or a lease renewal with a signed copy of the lease agreement and a **\$100.00** application fee (\$50 application fee for a lease renewal). NO TENANT OR LESSEE MAY MOVE INTO OR OCCUPY A HOME, NOR SHALL ANY OWNER PERMIT A TENANT OR LESSEE TO MOVE IN OR COMMENCE OCCUPANCY WITHOUT FIRST TIMELY SUBMITTING A COMPLETE APPLICATION WITH THE ASSOCIATION AND RECEIVING WRITTEN APPROVAL FROM THE ASSOCIATION. THIS APPLICATION MAY BE DISAPPROVED FOR GOOD CAUSE PER SECTION 10.1 (C) OF DECLARATION OF RESTRICTIVE AND PROTECTIVE COVENANTS. **Persons who violate this provision will be fined up to \$100 per day per violation. In addition, the Association may pursue legal action to evict, sue for damages, and other legal remedies.**

PROPERTY ADDRESS _____ UNIT # _____

UNIT OWNER INFORMATION (LESSOR)

☐

I understand that in accordance with Section 10.1 (C) that if I am delinquent in paying my maintenance fees I will lose the privilege of leasing my home in Sail Harbour. (INITIAL BOX)

Name: _____ Email: _____

Permanent Address: _____

PHONE () _____ - _____ Mobile () _____ - _____

TENANT INFORMATION (LESSEE)

LEASE DATE: _____ TO _____

Name	Mobile Number	Email	State/Driver's License #
_____	_____	_____	_____
_____	_____	_____	_____

OTHER OCCUPANTS

Name	Birth Date	Relationship	State/Driver's License # (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEASING AGENT OR LESSOR INFORMATION

NAME: _____

Email Address: _____ PHONE () _____ - _____

☐

A **NATIONAL** criminal background check has been completed on **EACH** lessee name listed above or on the lease from a criminal background check company such as: <http://www.criminalbackgroundrecords.com>, www.CriminalWatchdog.com, www.1-background-checks.com, etc. Copies of these background checks have been attached to this lease application for the association's review. **This will be the agent's responsibility. (Place initials in box)**

I have received and read a copy of the Sail Harbour Home Owners Association's Rules and Regulations along with this application. I understand these Rules and Regulations and agree to abide by them as long as I reside at Sail Harbour.

☐

I understand that no dog may be kept in a leased home. Renters with an executed lease prior to currently keeping a dog(s) are grandfathered for the remainder of the lease and renewals thereof as to the dog(s) in place at the time this amendment is recorded.

☐

I understand that any falsification or misrepresentation on the information provided with this lease will result in legal action and eviction from the community.

☐

I understand that I must obtain (from my leasing agent or lessor), complete and submit the proper access forms before I may be given access into the community. **I understand that my access items will be deactivated on my lease expiration date unless the proper lease renewal paperwork is submitted to Tropical Isles 20 days prior to the expiration.**

☐

I understand that if I damage the gates at the front entrance or exit, I will have a **minimum** gate damage charge of \$200. Furthermore, I understand that if I violate ANY of the association rules or regulations, my lease WILL NOT be renewed.

Applicant's Signature (Lessee) _____ Date _____

Unit Owner's Signature (Lessor) _____ Date _____

Licensed Realty Agent (if applicable) _____ Date _____

Approval Signature _____ Date _____

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

OWNER CONTACT FORM

Date Completed: _____

Last Name: _____ First Name(s): _____

Sail Harbour Address: _____ Unit #: _____ Purchase Date: _____

Home Phone: () _____ - _____ Mobile: () _____ - _____ Fax: () _____ - _____

Email Address #1: _____ Email Address #2: _____

Check Appropriate Box:

☐ Permanent Address ☐ Part-Time Residence Dates Occupied: _____

Other Address (if applicable): _____

Home Phone: () _____ - _____ Mobile: () _____ - _____ Fax: () _____ - _____

Leasing Agency (if applicable): _____

Leasing Agency Contact (if applicable): _____ Phone: () _____ - _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name(s): _____

Home Phone: () _____ - _____ Mobile: () _____ - _____ Fax: () _____ - _____

The above mentioned person has been given an entry key to my residence and has been given permission to allow access into my home in case of an emergency.

☐

I authorize the association to use electronic transfer (email) as an acceptable method of notifying me of all Annual Meetings of the Membership, Board of Directors Meetings, and any other such association business requiring notice to its members. (place initials in box)

I understand that it is my responsibility to contact Tropical Isles Management Services to change my address of record, which is where correspondence will be sent throughout the year.

Unit Owner's Signature

Date

Please return completed form to: Tropical Isles Management Services, 12734 Kenwood Lane, Suite 49, Fort Myers, FL 33907

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

VEHICLE REGISTRATION FORM

OWNERS

Last Name: _____ First Name(s): _____

Head of Household Only

Address: _____ Unit # _____

Phone: () _____ Fax: () _____ Mobile: () _____

Email: _____ 2nd Email: _____

TENANTS

Last Name: _____ First Name(s): _____

Head of Household Only

Address: _____ Unit # _____

Phone: () _____ Fax: () _____ Cell: () _____

Email: _____ 2nd Email: _____

Unit Vehicles: Maximum of (2) Vehicles per One-Car Garage & (4) Vehicles per Two-Car Garage

1st Vehicle Make _____ Model _____ Tag # _____ Color _____ Year _____

Owner(s) _____ Sticker number provided _____

2nd Vehicle Make _____ Model _____ Tag # _____ Color _____ Year _____

Owner(s) _____ Sticker number provided _____

3rd Vehicle Make _____ Model _____ Tag # _____ Color _____ Year _____

Owner(s) _____ Sticker number provided _____

4th Vehicle Make _____ Model _____ Tag # _____ Color _____ Year _____

Owner(s) _____ Sticker number provided _____

<u>Item</u>	<u>Replacement or Additional Access Item Fee</u>	<u>Quantity **</u>	<u>Total Amount</u>
Bar-code sticker	\$10	_____	\$ _____
			Total \$ _____

Please make checks payable to Sail Harbour HOA.

** A maximum 2 bar-code stickers per 1-car garage, 4 bar-code stickers per 2-car garage.

NOTE: Please attach a copy of the vehicle registration for each vehicle on this form, insurance card and attach a driver's license copy for each household licensed driver.

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

ACCESS CONTROL AUTHORIZATION FORM

Bar-coded stickers and proximity cards will not be distributed to tenants without this completed form returned to Tropical Isles Management Services.

PROPERTY ADDRESS _____ **UNIT #** _____

I hereby agree and/or affirm that:

☐

The bar-code stickers and proximity cards for my tenants will NOT be mailed to my secondary address.

☐

The bar-code stickers and proximity cards for my tenants will be deactivated on the lease end date.

☐

The bar-code stickers and proximity cards for my tenants should be held at Tropical Isles Management Services office until the tenant(s) pick them up.

☐

The following tenants are authorized to pick up the bar-code stickers and proximity cards.
(PLEASE PRINT)

☐

I have provided my tenant(s) with the Sail Harbour Rules & Regulations. As such, they are aware of the Sail Harbour Parking and Towing Rules.

☐

I understand that while leasing my unit I forfeit the right to have additional bar-code stickers or proximity cards for my personal vehicles.

Unit Owner's Signature (Lessee)

Date

Sail Harbour at HealthPark Homeowners' Sub-Association, Inc.

c/o Tropical Isles Management Services, Inc. 12734 Kenwood Lane, #49, Fort Myers, Florida 33907

Phone (239) 939-2999 * Fax (239) 939-4034

PET REGISTRATION FORM

PROPERTY ADDRESS _____ UNIT # _____

Date of Application: _____

Applicant's Name: _____

☐ Resident ☐ Tenant

Phone () _____ - _____ Mobile () _____ - _____

PET INFORMATION

Type of Pet: _____ Breed: _____ Type of Pet: _____ Breed: _____

Pet's Name: _____ Pet's Name: _____

Lee County Rabies Tag # _____ Lee County Rabies Tag # _____

Expiration Date: _____ Expiration Date: _____

Present Weight: _____ Full-Grown Weight: _____ Present Weight: _____ Full-Grown Weight: _____

Sail Harbour at HealthPark Rules & Regulations

Note: No dog may be kept in a leased home. A registered dog(s) in a leased home as of 3/11/2015 is grandfathered for the remainder of their lease and renewals thereof.

Pets, Livestock and Poultry. No animals, livestock, snakes or poultry of any kind shall be raised, bred or kept except that dogs, cats, or other, normal, domesticated, household pets may be kept, but no more than a total of two (2). **Those pets which in the sole discretion of the Association, endanger the health, safety or welfare, make objectionable noise, or constitute a nuisance or inconvenience to the Owners of other Units or the Owner of any property located adjacent to the Properties may be expelled and removed from the Properties by the Board.** No pets shall be kept, bred or maintained for any commercial purpose. All household pets shall be confined to a leash whenever they are outside a Unit. **ADDITIONALLY, IT SHALL BE THE PET OWNERS OBLIGATION TO REMOVE THE PET'S WASTE MATERIAL FROM ALL PROPERTY WITHIN THE DEVELOPMENT.** All pets shall be properly licensed and shall have all required medical vaccinations. Upon request a pet owner shall provide the Board proof of licensure and the medical history/records of the pet. The keeping of pets is a privilege not a right. Pets may only be kept subject to the following conditions:

- (A) No pets shall be permitted in the pool area, leashed or unleashed.
- (B) Owners may not leave pets unattended in screened porches, or lanais where their noise may bother others.
- (C) Any Owner tenant or guest who keeps or maintains any pet shall, in exchange for and in consideration of the privilege to keep the pet, hereby indemnify and hold the Association and other Owners and residents free and harmless from any loss, claim or liability of any kind or character of whatever nature arising from or related to the keeping or maintaining of such pet on the Property.

I understand and acknowledge:

- Any falsification of information contained within this form or failure to register a pet may result in fines or termination of lease, if applicable.
- Any future pets must be registered within 10 days of ownership
- I have read the Sail Harbour at HealthPark Rules & Regulations section of this form.

Applicant's Signature _____

Date _____

Association Representative _____

Date _____

_____ Approval _____ Denial