

Bucks Run Reserve HOA

c/o MAY MANAGEMENT SERVICES

Mailing Address: 6017 PINE RIDGE RD. #262 NAPLES, FL 34119

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

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

APPLICATION FOR SEASONAL/ ANNUAL LEASES

This application must be submitted by the Unit Owner along with the required enclosures and a \$100.00 non-refundable application fee, (see page 5) no less than twenty (20) days prior to occupancy to allow for processing time. Please note that, per the terms of the Governing Documents, **your home or Unit can only be rented a total of two times within a calendar year, and for a term of no less than 90 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.

Address: _____

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 Bucks Run Reserve Association.

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

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 BUCKS RUN RESERVE ASSOCIATION.

Signature of Homeowner or Rental Agent on behalf of Homeowner:

Signature: _____ Date: _____

Lessee Information

The undersigned prospective Lessee hereby makes application for approval to lease in the community indicated on page 5 and page 6 below and agrees to abide by all Rules and Regulations and Covenants of the Bucks Run Reserve HOA. 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 Bucks Run Reserve 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 Bucks Run Reserve HOA documents for Vehicle and Parking restrictions. Violations of Parking Restriction rules and regulations may lead to lease termination and eviction.

Pet Information: Per the Rules and Regulations for Bucks Run, no aggressive breeds will be allowed in the community.

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 Bucks Run Reserve HOA 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 for providing you with copies of all Bucks Run Reserve HOA rules and regulations. If your vehicle is one that requires it to be garaged it is your responsibility to ascertain that you can do so, or risk being denied a vehicle access clicker.

BUCKS RUN RESERVE 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 Bucks Run Reserve 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 Bucks Run Reserve HOA. 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 BUCKS RUN RESERVE HOA, 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 BUCKS RUN RESERVE HOA.
2. I ACKNOWLEDGE THAT I MAY NOT OCCUPY THE PREMISES PRIOR TO RECEIVING APPROVAL TO DO SO FROM THE BUCKS RUN RESERVE ASSOCIATION.
3. **IF, AT ANY TIME DURING THE TERM OF MY LEASE, THE UNIT OWNER BECOMES DELINQUENT IN THE PAYMENT OF ASSESSMENTS TO THE BUCKS RUN RESERVE 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 BUCKS RUN RESERVE ASSOCIATION TO OBTAIN ANY AND ALL BACKGROUND INFORMATION RELATING TO ME AND FURTHER AUTHORIZES A BACKGROUND CHECK HISTORY TO THE BUCKS RUN RESERVE 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: _____

Seasonal/ Annual Property Rental – the property owner needs to:

- Pick up a rental packet at MAY Management Services or print off the Bucks Run website bucksrunhoa.org.
- Deliver to: MAY Management Services office located at 11100 Bonita Beach Rd. #101, Bonita Springs, FL 34135 (fax 239-262-5947) email: spalmer@maymgt.com

- Copy of the completed Bucks Run lease application
- Copy of lease agreement
- Application fee \$100 made payable to MAY Management Services
- Background check fee \$25 per person payable to MAY Management

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)

- Contact MAY Management for gate access if owner does not provide it

IF YOU WISH TO MAIL THIS INFORMATION TO US, SEND TO:

MAY MANAGEMENT SERVICES
6017 PINE RIDGE RD. #262
NAPLES, FL 34119

If the lease is renewed, you as the owner must notify MAY Management Services via email or phone.

Email to Susan Palmer spalmer@maymgt.com or Office: 239-262-1396

ACTION OF THE BOARD/AGENT

APPROVED: _____ DISAPPROVED: _____ DATE OF DECISION: _____

BY: _____ Title: _____