



# Isles of Porto Vista Condominium 07 Association Inc

C/o Infinity Property Management Firm, LLC

9200 Bonita Beach Rd. Ste. 206

Bonita Springs, FL 34135

## APPLICATION FOR PURCHASE/LEASE

for the Isles of Porto Vista Condominium 07 Association Inc

Background and Credit Check Fee: \$ 110 per adult over the age of 18y, and \$100 processing fee payable to Infinity Property Management Firm, LLC

The undersigned submit(s) this application for approval by the Board of Directors to rent a unit in Isles of Porto Vista 07 and state(s) that the following information is true and correct.

I/WE understand that any intentional misrepresentation is grounds for automatic denial. We understand that an acceptance interview might be required prior to move-in.

Allow at least fourteen (14) business days from the signed date of application, for processing which may include background checks on adults, verification of previous work & rental history, and contacting listed references.

Current owner of the unit: \_\_\_\_\_  
Representative of the owner: \_\_\_\_\_  
Dates of proposed lease: \_\_\_\_\_ to \_\_\_\_\_  
Signature of owner or representative: \_\_\_\_\_  
Name of prospective adult tenant #1: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Current address: \_\_\_\_\_ since \_\_\_\_\_  
Permanent mailing address: \_\_\_\_\_

E-mail address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_  
Have you been convicted of a felony? NO \_\_\_\_\_ YES \_\_\_\_\_  
If so, when? \_\_\_\_\_  
Name of prospective adult tenant #2: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Current address: \_\_\_\_\_ since \_\_\_\_\_  
Permanent mailing address: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Have you been convicted of a felony? NO \_\_\_\_\_ YES \_\_\_\_\_

If so, when? \_\_\_\_\_

**If there are additional adults planning to reside here, provide the above information on the reverse of page 1.**

Names & ages of minor occupants: \_\_\_\_\_

Have any of the above applicants resided in Isles of Porto Vista 07 as renter/guest?

Y \_\_\_ N \_\_\_

PARKING: Isles of Porto Vista's governing documents limit two vehicles per unit. Parking is available on a first-come-first-served basis. **Parking on the grass is prohibited.** Vehicles must have current tags. Recreational vehicles, boats, trailers and commercial vehicles are **prohibited.**

Vehicle #1: \_\_\_\_\_

(Make Model, Color, and Tag #)

Vehicle #2: \_\_\_\_\_

(Make Model, Color, and Tag #)

REFERENCES: Please list 3 references other than immediate family, including names, addresses, telephone numbers below.

Reference #1 \_\_\_\_\_ Phone: \_\_\_\_\_

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

Reference #2 \_\_\_\_\_ Phone: \_\_\_\_\_

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

Reference #3 \_\_\_\_\_ Phone: \_\_\_\_\_

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

EMERGENCY CONTACTS: Please list 2:

1. NAME \_\_\_\_\_ Telephone no. \_\_\_\_\_

2. NAME \_\_\_\_\_ Telephone no. \_\_\_\_\_

**All residents & owners of Isles of Porto Vista 07 are bound by the association's documents, bylaws, & rules & regulations. Failure to do so constitutes grounds for denial of application and/or grounds for eviction.** Deed restrictions include, but are not limited to, exterior maintenance & alteration, animal control, noise control, vehicular parking, use of common ground, installation of satellite dishes, & proper disposal of garbage, recycling and large items.

Initial each of the below:

\_\_\_ We understand Isles of Porto Vista 07 deed restrictions, bylaws, & Rules & Regulations, and intend to abide by them.

\_\_\_ We understand Lee County's laws regarding animal control, communal living, & vehicle registration requirements.

\_\_\_ We understand Florida's requirements regarding employment & subsequent vehicle registration.

\_\_\_ We authorize and have provided copies of our driver's licenses to the association to run background checks for all who will be listed on this application and occupying the unit.

\_\_\_ We have provided a copy of the lease agreement between the owner and ourselves outlining the details of our agreement.

Primary applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name of primary applicant: \_\_\_\_\_

Co-applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name of co-applicant: \_\_\_\_\_

**To be completed by Management:**

The Board of Directors of Isles of Porto Vista Condominium 07 Association Inc approved the above application:

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Community Manager: \_\_\_\_\_

FINAL APPROVAL authorized by

Board member: \_\_\_\_\_

(Date)

# *Isles of Porto Vista Condominium 07 Association Inc*

c/o Infinity Property Management Firm  
9200 Bonita Beach Rd. Ste. 206  
Bonita Springs, FL 34135  
Phone (239) 672-8800 \* Fax (941) 313-7182

## Uniform Pet Registration Application

Each unit may house up to two (2) animals, not exceeding forty (40) pounds at maturity and a combined weight fifty (50) pounds combined, which may only be domestic dogs, cats, or birds. Each pet owner shall be responsible for the removal and disposal of the pet's feces or waste. The ability to have and keep a pet is a privilege and the Board is empowered to order and enforce the removal of any pet that becomes an annoyance to the Association. Pets may not be left unattended or leashed on porches, lanais, patios or on any Community grounds or common areas, as well as outside or in garages.

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

Address:

\_\_\_\_\_

Pet Type: \_\_\_\_\_

Breed: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Owners Signature in acknowledgment of the  
aforementioned: \_\_\_\_\_

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

Board Approval Date: \_\_\_\_\_

\*please attach a photo of your pet(s).

**Background/  
Credit Check:**

**Each adult on the application must complete this form.  
There is a non-refundable \$110.00 charge per applicant payable  
to Infinity Property Management Firm, LLC.**

Address of Unit

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Applicant's Name

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Day Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

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

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

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

\*Driver's License Numbers and Social Security Numbers are required for a criminal background check. This information will not be given to any other party for any reason at any time. **It is considered privileged and confidential.**

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_

I authorize Infinity Property Management Firm, LLC to obtain my public records and to investigate any personal information on me necessary to arrive at an applicant decision.

Signature

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Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Isles of Porto Vista Condominium 07 Association Inc  
Vehicle Registration Form

PLEASE PRINT

I. Condo Unit Resident Information: Head of Household Only

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Unit #: \_\_\_\_\_ Place building address on this line \_\_\_\_\_ 3953 Pomodoro Circle

Daytime Ph#: \_\_\_\_\_ Evening #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_ 2<sup>nd</sup> Email: \_\_\_\_\_

II. Condo Unit Vehicle Registration

Vehicle #1: Name: \_\_\_\_\_ Decal# \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Tag#: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle #2: Name: \_\_\_\_\_ Decal# \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Tag#: \_\_\_\_\_

Color: \_\_\_\_\_ Year: \_\_\_\_\_

Please attach to this sheet a copy of the following documents for each vehicle listed:

\_\_\_\_\_ Copy of Vehicle Registration Attached  
(Place Initials on line)

Once this application has been approved, access information will be provided to the new owners.

**Infinity Property Management**  
9200 Bonita Beach Road #206, Bonita Springs, FL 34135  
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