

**LEASE APPLICATION**

Mail or drop off:  
Fountain Lakes Community Association, Inc.  
c/o Pegasus Property Management  
8840 Terrene Ct, Unit 102  
Bonita Springs, FL 34135

**Please submit application at least 30 days prior to lease start date. Approval is required prior to move-in.  
Leases must be a minimum of 30 days. No house may be rented more than 4 times per year.**

**ATTACH THE FOLLOWING:**

- ❖ Completed and signed application
- ❖ Copy of Lease Contract
- ❖ \$100 **non-refundable** Application Fee made payable to Pegasus Property Management

**Notice regarding PETS:** There is a three (3) pet limit per household; no Pitbulls or exotic pets permitted.

I (We) hereby apply for approval to lease:

Rental Unit Address: \_\_\_\_\_

Lease Term Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Rental Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:**

1. Full name of Applicant: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Applicant Employer: \_\_\_\_\_ Position: \_\_\_\_\_

2. Full name of Co-Applicant: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

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

Applicant Employer: \_\_\_\_\_ Position: \_\_\_\_\_

3. The homeowner's documents of Fountain Lakes Community Association provide an obligation of home owners that all houses are for single family residence only. Please state the name, relationship and age of all **other persons** who will be occupying the home regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Person to be notified in case of emergency: \_\_\_\_\_

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

5. Make of automobile(s) / year / license number: \_\_\_\_\_  
 Make of automobile(s) / year / license number: \_\_\_\_\_

**(No commercial or oversized vehicles permitted)**

6. Name of Current Home Owner: \_\_\_\_\_

7. I/We are aware of and agree to abide by the Community Association Documents and Rules & Regulations. I/We acknowledge receipt of a copy of the Association rules. (Property owner should provide tenant with the Community Association Documents). Property Management does not provide Association Documents.
8. I understand and agree that the Association, 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, including eviction, to prevent violations by lessees and their guests, in accordance with the Documents and the Rules and Regulations of the Association.

**APPLICANT(S) AUTHORIZATION:** I/We hereby authorize Pegasus Property Management and/or Fountain Lakes Community Association to verify all information contained in the application.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

- Applicant Approved  
 Applicant Disapproved

\_\_\_\_\_  
Board Member / Property Manager

\_\_\_\_\_  
Date