

Avellino Isles Condominium Association, Inc.

Rental Policy Update in 2019

Avellino Isles Condominium Association, Inc. leasing policy is based on Section 13 of the Association Declaration.

- Notice of Intent to Lease:
 - Notice must be provided to the Community Association not less than twenty (20) days prior to the commencement of the lease. Notice is provided with the complete submission of the Application to Lease. It is important to note that the Application is not considered complete and is not processed until all applicable fees and accompanying documents are provided, along with the completed and signed application.
 - The fully completed application is processed by Gulf Breeze Management Services and approval/disapproval of applications is decided by the Board of Directors.
- Term of Leases:
 - No lease may be for less than ninety (90) days
 - No lease may be for more than one (1) year
 - No option to extend or renew the lease for any additional period shall be permitted without Board of Director approval. Application submittal on annual lease renewals is required with the exception of the associated fees.
 - Short term transient accommodations and similar short-term leasing is a violation of Section 13.3 of the Declaration and are prohibited. It shall be a violation of that Section to enter into a lease or to advertise the Unit for lease in any manner inconsistent with this Section, or any provision of the Declaration.
- Occupancy During Lease:
 - No on but the lessee, his or her guests, his or her family members within the first degree of relationship by blood, adoption or marriage, and their spouses and guests may occupy the unit.
 - The total number of overnight occupants of a lease unit is limited to two (2) persons per bedroom.
- Occupancy in Absence of Lessee: If a lessee absents themselves from the unit for any period of time during the lease, his or her family within the first degree of relationship already in residence may continue to occupy the unit and may have house guests subject to the restrictions set forth in Sections 12 and 13.4 of the Declaration. If the lessee and all of the family members mentioned in the foregoing sentence are absent, no other person may occupy the unit.

Avellino Isles Condominium Association, Inc.

Application for Lease

Application Check List

Check the box that pertains to your application.

Applicant has been provided the following Documents by Homeowner:

- ☐ Approval Application and Gate Access Form
- ☐ Copy of Avellino Isles Documents
- ☐ Executed Lease Agreement

Applicant has submitted the following Documents to Gulf Breeze Management:

- ☐ Completed Approval Application and Completed Gate Access Form
- ☐ Executed Lease Agreement
- ☐ \$150.00 Application Fee – Per married couple or \$150.00 per person if not married.

Application Fee

\$150.00 Application Fee (per married couple or per person if not married) – This **non-refundable** fee should be made PAYABLE to AVELLINO ISLES Condominium Assn for the processing of the application.

Application Submission

The application is not processed until all required documents and fees are submitted. The sales and rental approval process requires twenty (20) days for completion from the date of complete submission of the application. For applicants who are persons serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces shall be approved within seven (7) days from the date of complete submission of the application. All Service Members, as defined above will be asked to provide a copy of their active Military ID for verification.

Mail Completed Application to: Gulf Breeze Management Services, Inc.
8910 Terrene Court Suite 200
Bonita Springs, FL 34135

Please note that applications are not processed until a fully completed application is submitted. A fully completed application includes all required documents and fees.

Avellino Isles Condominium Association

Application for Approval to Lease

Current owner of record: _____ Unit # _____

Unit Address _____

Lease Start Date: _____ Lease End Date: _____

This unit must not be leased for less than thirty (30) days and no more than 12 months.

THIS FORM MUST BE SUBMITTED TWENTY (20) PRIOR TO OCCUPANCY. APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY. In order to facilitate consideration of this application, I represent that the following information is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of applicant: _____

Current Address: _____

PH # : _____ Email Address: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Nature of business/profession (if retired, former): _____

Name of Employer: _____ PH # _____

Full name of applicant: _____

Current Address: _____

PH # : _____ Email Address: _____

Social Security Number: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Nature of business/profession (if retired, former): _____

Name of Employer: _____ PH # _____

The condominium documents of AVELLINO ISLES provide for the obligation of unit owners that all units are to be used as single-family residences only. Not more than two unrelated individuals can reside in the unit per the Avellino Isles Declaration of Condominium. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis. Please note that if any of these occupants are over the age of eighteen (18) they must be included as an applicant and undergo the background and credit check.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

VEHICLE(S): Avellino Isles is a gated community. All residents are required to complete the Gate Access Form prior to being issued vehicle stickers, fobs or call box information is activated. The stickers and fobs cost \$30.00 each and must be paid for at the time of installation on the vehicle. Payment should be made payable to Avellino Isles in the form of a check or money order.

Make/Model _____ Color _____ Year _____

Make/Model _____ Color _____ Year _____

PET(S): TENANTS ARE NOT ALLOWED TO HAVE PETS OF ANY KIND

EMERGENCY CONTACT INFORMATION:

Name: _____ Ph # _____

Address: _____ City / St / Zip: _____

APPLICANT ACKNOWLEDGEMENT:

I hereby agree for myself and on behalf of all persons who may occupy the residence which I seek to reside in.
(Please initial by each item.)

A. _____ I/We will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, and Restrictions which are or may in the future be imposed by the Association. I/We have received copies of the Association Documents and Rules & Regulations from the owner of the unit and fully understand that this is a deed restricted community in which I am required to act in accordance with the Documents referenced above.

B. _____ I/ We understand that any violations of the terms, provisions, condition and covenants of the Avellino Isles Condominium Association, Inc., provides cause for immediate action as therein provided or termination leasehold under appropriate circumstances.

C. _____ I/We understand that tenants are not permitted to have pets.

D. _____ I/We understand that the condominium unit is meant to be a single-family residence. I/We also understand that the Association Documents do not permit me/us to run a business from the condominium unit outside of the allowed in section 12.1 of the Declaration which are defined as "low impact" or "no impact" businesses.

E. _____ I/We understand that leases are not permitted to be less than 90 days and by initialing next to this line confirm that my lease is for a minimum of 90 days.

F. _____ I/We understand that parking is limited and that I/we are required to park vehicles in the garage of the condominium unit. If a third vehicle is present onsite overnight, that vehicle must be parked in front of the garage of the unit in which I am residing and cannot hinder the ingress and egress of neighboring units. I/We understand that no vehicles are permitted to be parked on the roadway over night or on the grass as anytime.

G. _____ I/We understand that tenants and unaccompanied guests are not permitted to have more than six guests at the Avellino Isles Pool per day and that I/We will abide by all Amenities Rules.

H. _____ I/We understand and agree that the Association, in the event it approves the 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 of provisions of the Declaration of Condominium of AVELLINO ISLES's by-laws and the Rules and Regulations.

AUTHORIZATION: I/We hereby authorize AVELLINO ISLES to verify all information contained on the application and conduct a full background check, including but not limited to: credit, employment, income, eviction and criminal and authorize that they contact any persons or companies listed on this application. I understand that the Community Association is represented by Gulf Breeze Management Services of SWFL, Inc. and that Gulf Breeze Management Services of SWFL, Inc. will process and conduct this background and credit check on the Associations behalf.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

For Office Use Only: () Application Approved () Application Disapproved

Officer or Director Signature: _____ Date: _____