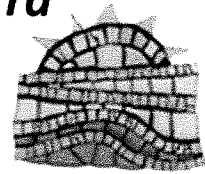


Single Family Homeowners at Bella Terra Association, Inc.

13831 Vector Ave.

Fort Myers, FL 33907

Attention: Bella Terra Sales/Leasing



APPLICATION FOR APPROVAL TO LEASE

INSTRUCTIONS & GUIDELINES

1. The attached application must be completed and signed by both the tenant(s) and homeowner(s). All fields must be completed; if any are left blank, the application may be automatically denied as an incomplete application. If the question does not apply, please write "N/A."
2. The completed application must be submitted to the office at least twenty (20) days prior to the desired date of occupancy.
3. Unregistered occupancy and occupancy prior to approval is strictly prohibited.
4. Units shall be used as a single-family residence only, and for no other purpose. No portion of a unit (other than the entire unit) may be rented. Sub-leasing is not permitted.
5. Lease terms may be no less than 3 months and may not exceed 12 months.

DOCUMENTS AND FEES REQUIRED

1. Application completed in its entirety.
2. A copy of the signed lease agreement between the homeowner and tenant.
3. A copy of your pet's rabies vaccination and certificate of spayed/neutered, if applicable.
4. Each person over the age of 18 who is named on the lease and/or will occupy the home must submit a disclosure consent form, a copy of their drivers license and the applicable fee listed below for a background check.
5. Application fees: *(separate checks for each fee – payable by check only)*
 - a. Processing fee **\$100.00** Payable to: Alliant Property Mgmt.
 - b. Transfer of membership fee **\$100.00** Payable to: Bella Terra Master of SWFL
 - c. Background check fee **\$40.00/person** Payable to: Alliant Property Mgmt.
 - d. Transponder fee **\$25.00/vehicle** Payable to: Bella Terra Master of SWFL

Non-US Citizens must also submit a clear, legible copy of their passport

Transfer of membership and transponder fees are refundable if residency is denied

Mail or hand deliver to:
Alliant Property Mgmt.
13831 Vector Ave.
Fort Myers, FL 33907
Office: (239) 495-7172

LEASE INFORMATION

Property Address

Lease Dates _____ to _____

Homeowner or Real Estate Agent handling this transaction:

Name	Company, if applicable
Address	City, State, Zip
Email	Phone

APPLICANT INFORMATION

List all persons who are named on the lease and/or will occupy the residence. Attach an additional page if necessary. Please list the primary contact first. The relationship for each person is to the primary contact.

Name	Age	Relationship	SELF
Current Address	City, State, Zip		
Home Phone	Birth date if under 18		
Cell Phone	Email		

Name	Age	Relationship	
Home Phone	Birth date if under 18		
Cell Phone	Email		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

Name	Age	Relationship	
Phone	Birth date if under 18		

EMPLOYMENT INFORMATION

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact

Applicant Name	Current/Last Prior Occupation
How Long	Phone Number, if we may contact

VEHICLE INFORMATION

Please provide the following information for all vehicle(s) to be kept at the residence during the lease term:

Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State
Year	Make	Model	Color	License Plate	State

PET INFORMATION

Declarations of Covenants, Conditions and Restrictions for Bella Terra Section 5.26 states: No more than two (2) commonly accepted household pets such as a dog or cat, and reasonable numbers of tropical fish or caged birds may be kept in a Living Unit, subject to other reasonable regulations by the Master Association or Neighborhood Association. All animals shall be leashed (if outdoors), or kept within the Living Unit and shall not be permitted to roam free. (Please see Section 5.26 for all rules and restrictions as to pets in the community)

Pet Name	Type/Breed	Color	Weight
Pet Name	Type/Breed	Color	Weight

Initial One:

_____ I/We agree to provide the rabies vaccination and certificate of neutered/spayed for all pets.

_____ I/We do not have any pets.

OFFICE USE ONLY BELOW THIS LINE

Notes:

Approved By:	Date:
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ACKNOWLEDGEMENT

I hereby agree for myself and on behalf of all persons who may use the residence which I own or seek to lease:

1. I represent that the following information is true and accurate. I understand any misrepresentation or falsification of information on these forms will result in the automatic rejection of this of this application.
2. I have read, understand and agree to abide by all of the rules and regulations of Bella Terra which are or may in the future be imposed by the Association.
3. I understand that any violation of the terms, provisions, rules, conditions, and covenants of the Bella Terra Association documents provides cause for immediate action as therein provided or termination of the lease under appropriate circumstances.
4. Owners hereby delegate their rights of enjoyment of the Common Area to the Tenants for the lease term.
5. I acknowledge sub-leasing and/or unregistered occupancy of this residence is prohibited.
6. I understand that the Association will institute an investigation of my background and each person over the age of 18 who will be residing in the unit.
7. I understand that a new application is required each year, however, no fees nor background checks are required for the renewal of the lease. I acknowledge that failure to submit a renewal application will result in all transponders and access cards being deactivated on the last day of the lease term.

Homeowner(s):

Sign:
Print:

Sign:
Print:

Tenant(s):

Sign:
Print:

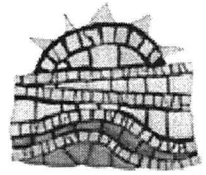
Sign:
Print:

Bella Terra of Southwest Florida, Inc.

20070 Bella Terra Blvd.

Estero, FL 33928

Phone: 239-495-7172 * Fax: 239-405-7417



RELEASE AND INFORMATIONAL NOTICE FOR BELLA TERRA OF SW FL AMENITIES: FITNESS, BOCCE, PICKLEBALL, TENNIS, SOCCER FIELD, BASEBALL FIELD, VOLLEY BALL COURTS, BASKETBALL COURTS, IN LINE SKATING RINK & SWIMMING POOLS

The Bella Terra of SW FL fitness, bocce, pickleball, tennis, soccer field, baseball field, volley ball court, basketball courts, in-line skating rink, playground & swimming pools are community amenities, collectively referred to in this document as amenities. All residents, family members and guests of residents have the right to use these amenities without paying a specific fee, if this release is signed, and subject to the following restrictions:

- Children under the age of 13 are not permitted in the fitness center under any circumstances. Children age 13 to 17 must always be accompanied and directly supervised by parent or guardian adult in the fitness room.
- Children under the age of 13 must be accompanied by and directly supervised by an adult at all recreational facilities, community center and pool areas.

The Bella Terra of SW FL amenities are all unsupervised and each person using these amenities assumes all risks, responsibility, costs, and damages associated with using the amenities including any and all equipment.

Attending and playing Bocce, Pickleball and/or Tennis could present a possibility of injury. The risk of injury or even death may arise from the improper use of the courts and by the physical exertion of playing these sports or from use by a person who may not be physically fit or in good physical health or for other reasons.

The use of the equipment and machinery in the Fitness Center is a potentially hazardous activity. The risk of injury or even death may arise from the improper use of the equipment and machinery or from use by a person who may not be physically fit or in good physical health or for other reasons.

Any person who uses the Bella Terra of SW FL amenities should be evaluated by a physician and assured that participating in stressful physical activity is in his or her best interest. The responsibility to receive medical clearance rests exclusively with the person using the Bella Terra of SW FL amenities and will continue to be the obligation of the participant as long as he or she uses the amenities and/or equipment.

By my signature below I acknowledge that I am solely responsible for my actions and behavior and for the actions and behavior of my family members and/or guests who use Bella Terra of SW FL amenities and/or equipment. I further release Bella Terra of SW FL from any and all obligations and liabilities for damages, injury or death resulting from my, my family's or my guests use of the Bella Terra of SW FL amenities and/or equipment. Further, I hereby indemnify and hold harmless the Bella Terra of SW FL against all costs, expenses and reasonable attorneys' fees, including appellate attorneys' fees incurred by the Association in the defense of any action based on the foregoing. Participants under 18 signing this release must have a parent or guardian also sign on their behalf.

Printed Name of Participant

Bella Terra of SW FL Member Number (or guest of)

Signature of Participant

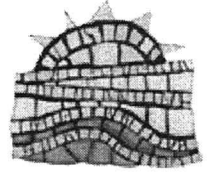
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Printed Name of Participant

Bella Terra of SW FL Member Number (or guest of)

Signature of Participant

Date:



Alliant Association Management
13831 Vector Avenue
Fort Myers, FL 33907
E-mail: apmsupport@alliantproperty.com
Phone: 239-454-1101
Fax: 239-454-1147
www.alliantproperty.com

OWNER CONTACT INFORMATION

The information provided is for association business use only and will not be made public.

Date: _____ Community: _____

Name: _____

HOME ADDRESS – ON-SITE

Mail to: (check box)

Street Address: _____

Unit Number: _____

City / Zip Code: _____

Primary E-mail: _____

Secondary E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

ADDRESS – ALTERNATE

Mail to: (check box)

Street Address: _____

Unit Number: _____

City: _____

State / Province: _____

Zip Code: _____

Home Phone: _____

Do you want to **opt-out** of the neighborhood directory with your e-mail, telephone # and alternate address? YES

EMERGENCY CONTACT INFORMATION

Name: _____

Cell Phone: _____

Home Phone: _____

RENTER INFORMATION

Name: _____

Cell Phone: _____

Home Phone: _____

Do you want to **opt-in to receive electronic communications** from the Association and Alliant Property Management, LLC, to include General Correspondence & Announcements, Invoices & Statements, and Official Letters & Notices (i.e., delinquencies & covenant violation rules)? This will save the association mailing costs. If opting-in, please check the box, sign and date.

YES

Signature: _____

Date: _____

Please e-mail, mail, or fax the completed form using the contact information at the top right of this form. Thank you.

DISCLOSURE CONSENT APPLICATION

*Please complete this form for each person to occupy the unit of the age 18 and older.
Please do not leave any blanks, as this will result in a delay of the processing of the
application.*

Please Print Your Full Name Social Security Number

Please Print Any Other Names You Have Used Date Of Birth

Street Address

City State Zip Code

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

Signature Date

Witness Date

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Signature Date

Witness Date