HERITAGE POINTE MASTER ASSOCIATION

LEASE RENEWAL OR EXTENTION

Must be submitted 30 days prior to TERMINATION OF CURRENT LEASE

Return to:

Heritage Pointe Master Association

C/O The Compass Management Group, LLC. 12751 New Brittany Blvd. Suite 100 Ft. Myers, FL 33907 Tel. 239-593-1233 Fax: 239-593-1116 **Unit** #:_____ **Phone** #: Name of Lessees List the names, relationship and age of all persons who are occupying your home in addition to the applicants above. _____Age______Relationship_____ Name Age Relationship I (we) hereby apply for an approval of a lease "**Renewal**" \square OR "Extension" \square Starting _____ Ending ____ With this completed application please submit a signed copy of your lease extension or lease renewal (Partially completed forms will not be considered) I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiries concerning this application. During current lease term: -has any of the current occupants been convicted of a crime during the last lease term? Yes or No If yes, please include dates and details -has any violation letters been sent to you or the owner? Yes _____ or No_____ If yes, have they been corrected? Yes _____ or No _____ If yes, explain how____ -is anyone other than the current registered lessees now occupying the unit? Yes _____ or No _ If yes, please submit appropriate application for approval, this would include a background check with additional fees. Provide their name and relationship: I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Heritage Pointe Master Association. I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction,** to prevent or stop violations by lessees and their guests. I (we) have read, understood and agree to all of the statements above. Applicant signature: ______ Printed Name: ______ Date_____ Applicant signature: _____ Printed Name: ____ Date___ Acceptance on behalf of Heritage Pointe Master Association Approved: Disapproved: Signature of Authorized Representative

For the Board of Directors