

BOTANICA LAKES HOMEOWNERS ASSOCIATION

TENANT INFORMATION

NOTE: THIS APPLICATION MUST BE SUBMITTED TO THE BOARD OF DIRECTORS 5 BUSINESS DAYS PRIOR TO CLOSING OR FIRST DATE OF OCCUPANCY.

To: The Board of Directors of BOTANICA LAKES HOMEOWNERS ASSOCIATION

Leased residence address: _____

Lease dates: _____ to _____

Please include: **A copy of the proposed lease, a \$100 transfer fee (one \$50.00 check made payable to Resort Management and one \$50.00 check made payable to Botanica Lakes Homeowners Association).**

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Tenant: _____

Spouse: _____

Home Address: _____ City/State/Zip: _____

Home Telephone #: _____ Business Telephone #: _____

Nature of business or profession: _____

Company Name or Firm Name: _____ Position Held: _____

THE FOLLOWING QUESTIONS CONCERN THE PROPOSED PRIMARY OCCUPANT

Three personal references (local if possible)

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Bank Reference: _____

Name of Individuals to be residing in the home:

Person to be notified in case of emergency

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Make of Car: _____ Year: _____ License #: _____

State: _____ Color: _____

Mailing Address for notices connected with this application

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

The applicant is aware of and agrees to abide by the Declaration of Homeowners of Botanica Lakes Homeowners Association, The Articles of Incorporation, By-Laws and any all properly promulgated rules and regulations in effect within the terms of occupancy.

Dated: _____ Applicant: _____

Applicant: _____

Please return this 2 page information packed along with the additional 3 pages of association information to:

Resort Management

12811 Kenwood Lane #211

Fort Myers, FL, 33907

BOTANICA LAKES

IMPORTANT GATE HOUSE SECURITY INFORMATION

Check one: _____ Owner _____ Tenant

Projected Closing Date: _____

Resident(s) Name(s): _____

Address: _____

Home Phone: _____

Cell Phone: _____

OCCUPANTS LIVING AT THIS ADDRESS (Above the age of 16):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

AUTHORIZED VISTOR(S):

1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

7) _____ 8) _____

9) _____ 10) _____

BOTANICA LAKES

NEW RESIDENT

INFORMATION FORM AND WAIVER

Thank you for taking a moment to complete our new Resident Information Form. This information will be maintained in your file. It will be your responsibility to update this form as necessary with new information.

HOUSEHOLD MEMBERS

Are you the homeowner or renter? _____

Name (Last, First)	Relationship	Phone	Age	Office Use Access Card #

HOUSEHOLD INFORMATION

Address: _____

Lot #/Account #: _____

Email: _____

Home Phone: _____

Alternate Phone: _____

Pets: Yes or No _____

Number of Pets _____ Type of Pet _____ Breed _____

BOTANICA LAKES

GENERAL INFORMATION

Please fill in yes or no for the information below

Would you like your name and address included in the Residents Directory? _____

Would you like to receive the emails on programs and events? _____

Does anyone in your family have special needs you would like us to be aware of? _____

If yes, please provide specific information below:

Please list the names of any individuals in your household that might be interested in volunteering to assist with programs and events.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

The undersigned, either being over the age of 18 years, or have the express permission of my parents and/or guardian that I have inspected the facilities and programs being offered by the facility and I am fully aware of the dangers and risk of injury inherent in my use and participation. In consideration of the permission granted me to avail myself of the facility, I hereby release the facility, its owners, their officers, agents and employees from any and all liability for loss, damage or injury that I, or my family may sustain by reason of my activities at the facilities. I understand that aerobic exercise and athletic fitness training or program participation can be dangerous and that the facility requests that I consult with my physician with respect to any past or present illness or injury that may affect my participation in or my ability to engage in exercise and activities at the facility. I warrant that I have the right to authorize the forgoing uses and do hereby agree to hold harmless facility, its owners, their agents, and employees of and from any and all liability of whatever nature which may arise out of result from such uses.

Name (Last, First)	Signature	Date