



## LEASE REGISTRATION APPLICATION

PLEASE CONTACT THE BOTANICA LAKES ONSITE MANAGEMENT OFFICE AT 239-561-2939 UPON APPROVAL OF THIS APPLICATION TO SET UP **YOUR MANDATORY NEW RESIDENT ORIENTATION**

### 2 REQUIRED CHECKS

Transfer Fee: \$75.00 made payable to Resort Management

Transfer Fee: \$75.00 made payable to Botanica Lakes

PLEASE RETURN THIS APPLICATION AND A COPY OF THE LEASE AGREEMENT TO THE SALES AND LEASING OFFICE ADDRESSED:

Resort Management  
9250 Corkscrew Road #9  
Estero, FL 33928

If you have any questions, please contact our Sales and Leasing Coordinator  
Dorothy Reagan / (239) 461-8700, ext.5249  
[dreagan@resortgroupinc.com](mailto:dreagan@resortgroupinc.com)

## TENANT INFORMATION

Leased residence address: \_\_\_\_\_

Lease dates: \_\_\_\_\_ to \_\_\_\_\_

### 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 #: \_\_\_\_\_

## TENANT INFORMATION CONTINUED

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: \_\_\_\_\_

## 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) \_\_\_\_\_

**PLEASE NOTE THAT NEW TENANTS WILL BE GIVEN ACCESS TO THEIR ELECTRONIC GUESTLIST  
UPON COMPLETION OF YOUR NEW RESIDENT ORIENTATION**

## NEW RESIDENT INFORMATION FORM

### HOUSEHOLD MEMBERS

Are you the homeowner or renter? \_\_\_\_\_

Name (Last, First)	Relationship	Phone	Age

### HOUSEHOLD INFORMATION

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

Lot #/Account #: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Pets: Yes or No \_\_\_\_\_

Number of Pets \_\_\_\_\_ Type of Pet \_\_\_\_\_ Breed \_\_\_\_\_

## GENERAL INFORMATION & WAIVER

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