

### Ben Mar Condominium Association, Inc.

Submit to: Compass Rose Management  
1010 NE 9<sup>th</sup> St, Suite A, Cape Coral, FL 33909

### Application for Lease Approval

Application must be submitted 20 business days prior to sales closing. Any application submitted less than 20 business days prior to the closing may have their closing delayed. Applicants may not close until the Association has tendered official review of their purchase, and further, moving in prematurely constitutes a ground for disapproval.

**Before submitting your Sale Application for processing, you MUST have the following attached:**

- Completed Application - Everything must be filled out completely to process.
- Nationwide Criminal Background Check for each adult 18 and older: \$75 each, check payable to Compass Rose Management (non-refundable), one form per person or Realtor/Applicant can supply background check.
- A clear copy of a Valid Driver’s License or Photo ID for each adult 18 and over.
- Processing Fee: A non-refundable \$150.00 check payable to Compass Rose Management.
- Lease Agreement (signed by Landlord and Tenant).
- Lessee supplied with Rules and Regulations (Attached). Do not return when submitting Application.
- Vehicle Registration form.

\*\*Please do not submit partial packages. Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back. All fees are non-refundable. \*\*

Name of Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/we hereby apply for approval to lease property address: \_\_\_\_\_

Lease Start Date: \_\_\_\_\_ Lease End Date: \_\_\_\_\_

**Unit can be leased for no less than 30 days, but not more than 1 year. No unit can be leased more than 4 times in any consecutive 12-month period.**

I/we represent that the following information is complete and true. I/we agree that any misrepresentation in this application will justify automatic rejection.

Full Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name of Co-Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Email(s): \_\_\_\_\_

I wish to opt in to receive email communication from the Management office with the email address(es) provided above. \*\*\*You can opt out at any time. opt In  opt Out



**Other Occupant(s)**

The condominium documents of Ben Mar Condominium Association, Inc. provide an obligation of the unit owners that all units are for single-family residence only. Please state name, relationship and age of all other persons who will be occupying the unit regularly.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age\_ **Indicate Use:**

\_\_\_\_\_ **Reside on a Full-Time basis** \_\_\_\_\_ **Reside on a Part-Time basis** \_\_\_\_\_ **Lease the Unit**

**Your Address After Closing: (Important for Mailings – Please Complete)**

\_\_\_\_\_

**In Case of Emergency, Notify:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Please give three references who can be contacted. Local references preferred.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I/we have received a copy of the Rules and Regulations. \_\_\_\_\_ initial \_\_\_\_\_ initial



I am aware of and agree to abide by the Declaration of Ben Mar Condominium Association, Inc., the Articles of Incorporation, By-Laws and any and all properly promulgated rules and regulations in effect within the terms of my (our) occupancy ownership. I acknowledge receipt of a copy of the Association rules.

I understand and agree that the Association, in the event a unit is leased, 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 Association Documents of Ben Mar Condominium Association, Inc., the Association’s By-Laws, the Florida Condominium Act and the rules and regulations of the Association.

Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of REALTOR & Real Estate Co: \_\_\_\_\_

Realtor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Title Co: \_\_\_\_\_ Ph#: \_\_\_\_\_

ACTION TAKEN BY BOARD OF DIRECTORS: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED Date: \_\_\_\_\_

By (Board Member): \_\_\_\_\_ Title: \_\_\_\_\_

(Any approval is void in the event of false statements in the above application)



# Ben Mar Condominium Association, Inc.

## Vehicle Registration Form

Name: of Unit Owner(s): \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### Vehicle #1

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_

### Vehicle #2

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_

- New Resident Registration*
- I have sold the \_\_\_\_\_ and am replacing it with the above-mentioned vehicle.*
- Other: \_\_\_\_\_*

*Type Specific Association Parking Information Here.*

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Ben Mar Condominium Association, Inc.

## Rules and Regulations

1. **Use of Unit:** Owners shall not use, nor permit the use of their family unit (or common elements), in any manner which would be *disturbing*, or a *nuisance*, to other owners, or in such a way as to be injurious to the reputation of the condominium property.
2. **Unit Occupancy:** Each unit is to be used as a single- family dwelling; therefore, the occupants of a unit shall not exceed two persons for each bedroom in the unit; The only exception to this rule being temporary house guests.
3. **Guests:** All guests unaccompanied by an owner must be registered with The Association upon arrival and unregistered guests may be denied use of recreational facilities and amenities. When a unit is leased the tenant shall have all the used rights in association property and those common elements available for use generally by unit owners and the unit owner shall not have such rights except as a guest.
4. **Sidewalks:** The sidewalks, entrance (including the canopy area), vestibules, stairways, corridors, and halls may not be obstructed or encumbered or used for any purpose other than ingress and egress to and from the premises. It is a violation of state fire code to have chairs, tables, plants, etc. on upper and lower walkways. You may use chairs on the walkways, but they **MUST** be taken inside when not in use.
5. **Age Limitation:** No one under the age of 18 years shall be permitted to become a resident of the condominium, permanently or otherwise. Minors are permitted, visiting rights if chaperoned by an adult at all times.
6. **Parking:** Parking spaces are not owned by a unit owner. All parking spaces belong to the condominium association and are assigned by The Board of Directors. Each unit owner or tenant must park in his own assigned parking space or in front of the building. All visitors must park in front of the building or on the street. Anyone having two cars must park one car in the front, on the First Street parking lot. The renting of a parking space is absolutely prohibited. Unused spaces shall be reassigned by The Board at its discretion.
7. **Patio:** After use of this common area, please arrange the chairs in an orderly fashion, pick up any towels, trash, or debris, empty the ashtrays and clean up any spilled liquids when leaving. To avoid injury, wear shoes to and from the apartment to the patio and pool. Please dry off before using walkways or stairs. If you have used a suntan lotion or oil, please do not sit or recline in the chairs or lounges without placing a towel or some type of covering between your body and the chair or lounge.
8. **Patio, Railings and Walkways:** No clothes, towels, rags, drapes, rugs, nor articles of clothing (including bathing suits) shall be dried, dusted, beaten, nor cleaned on the patio, walkways, stairs, railings, doors, windows, nor parking lots.
9. **Gas Grill:** Use caution when lighting the grill and be sure the lid is open before attempting to light the grill. Turn off gas tanks after using the grill. Scrape and clean the grill after each use.



COMPASS ROSE  
MANAGEMENT  
SETTING A COURSE FOR YOUR COMMUNITY

1010 NE 9<sup>th</sup> St. Cape Coral, FL 33909

[info@crmfl.com](mailto:info@crmfl.com) - 239-309-0622

# Ben Mar Condominium Association, Inc.

## Rules and Regulations

10. **Arrivals and Departures:** When returning to your unit late at night or leaving early in the morning, kindly refrain from making excessive noise, talking loudly, walking heavy, slamming doors, or anything that might awaken your sleeping neighbors.
11. **Laundry Room:** Please observe the posted restrictions in Laundry Room.
12. **Signs:** No signs are permitted which would be visible from the exterior of the individual dwelling unit.
13. **ALL PETS ARE PROHIBITED**
14. **Bicycles:** Bicycles must be taken in and out of premises through the south gate (by #112) or through the parking lot gate. **DO NOT USE THE FRONT DOOR!**
15. **Patio Parties:** No running or loud noises are permitted. Outside parties or barbecuing must end by 10:00 pm. After that time, move your party into your unit, close all windows, turn on your air conditioner, and keep noise to a minimum. Condominium functions may extend beyond that time limitation, at the discretion of The Board.
16. **Vehicles:** No vehicle larger than a half-ton pickup truck or a standard size van is permitted to be parked at Ben Mar. All larger vehicles must be parked off site and will be towed.
17. **Car Washing:** The washing of automobiles is prohibited on any of the condominium property.
18. **Radios, TV's, Stereos:** No radio, TV, stereo, etc., shall be played inside or outside a unit in such a manner or at any such volume so as to disrupt the peaceful enjoyment of any other unit owner, whether inside or outside his unit.
19. **Recycle bins are for recyclables only- NO GARBAGE!**
20. **Pool:** The pool is for the use of residents and their guests. All other parties will be asked to leave the pool area. No individual under the age of 18 years is allowed in the pool area without being accompanied by a resident. No children under the age of 12 years are permitted to use the pool unless they are supervised by an adult. All children in diapers and training pants must wear rubber pants in the pool. No wheeled vehicles/toys, such as, bicycles, tricycles, 'Big Wheels' are allowed in the pool area. No food, food accessories, bottles, nor glass are allowed within two feet of the pool. Use of the swimming pool and pool area is subject to the pool regulations, which are posted in the pool area. Any individual violating these regulations will be asked to leave the area. Pool and patio furniture shall not be removed from the pool area by anyone other than authorized personnel. The Association reserves the right to deny use of the pool to anyone, at any time.

Initials



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**AUTHORIZATION TO PERFORM A CRIMINAL BACKGROUND CHECK**

**Background Check is a non-refundable fee of \$75.00 per person 18 years old and over, please make checks payable to Compass Rose Management, please submit a separate form for each person (price may vary for international background check)**

Community Name: \_\_\_\_\_

File # \_\_\_\_\_  
Office Use Only

By signing below, I hereby give consent for Compass Rose Management to obtain a Criminal Background check for me. The Criminal Background check shall include a Sexual Offender Search. I understand that a Criminal Background check is required to lease and/or purchase a unit/home in the \_\_\_\_\_ community, and that my Criminal Background check results will be used by the Board of Directors to approve or disapprove my lease or purchase of a unit/home.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Applicant Date

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY IN ORDER TO BE SUMITTED**

Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Driver's License # and state of Issuance: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Addresses for the Last 7 Years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_