



**Westminster Community Association, Inc.**  
**c/o Coastal Association Services, LLC.**  
**1314 Cape Coral Pkwy East, Suite 205, Cape Coral, Florida 33904**  
**T: 239-689-3080 // F: 1-844-273-1058 // Email: [info@coastalassociation.biz](mailto:info@coastalassociation.biz)**

**\*\*\*AUTHORIZATION FORM\*\*\***

**SEPARATE APPLICATIONS ARE REQUIRED FOR APPLICANTS OVER THE AGE OF 18 IF THEY ARE NOT THE SPOUSE OF THE APPLICANT. A COPY OF A VALID DRIVERS LICENSE OR PHOTO ID IS REQUIRED FOR ALL APPLICANTS OVER THE AGE OF 18.**

By signing, the applicant recognizes that Westminster Community Association, Inc., or its agent Coastal Association Services, LLC. may obtain and verify a consumer credit report, along with an investigation of my background which may include information regarding to my character, banking history, criminal history, present and prior residential history and past and present employment history. I/We agree to indemnify and hold harmless the above Association and its agent, Coastal Association Services, LLC., it's employees, Officers and Directors, affiliates, sub-contractors and agents from any loss, expense, or damage which may result directly or indirectly from information or reports furnished by Coastal Association Services, LLC.

I/We hereby waive any privileges I/We may have with respect to the said information in reference to its release to the aforesaid party. Information obtained on this report is to be released to the Condominium Association Board of Directors and / or screening committee only.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Social Security Number

\_\_\_\_\_  
Applicant Date of Birth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Spouse's Printed Name

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Spouse's Date of Birth

\_\_\_\_\_  
Date Signed

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058  
[www.coastalassociation.biz](http://www.coastalassociation.biz)



**LEASE APPLICATION FOR OCCUPANCY**  
**PLEASE PRINT IN BLACK INK**

**FULLY COMPLETE AND RETURN, WITH A COPY OF THE LEASE AGREEMENT and APPLICATION FEE of \$250.00 plus \$40 Background Check Fee per person, age 18 and over. \$71pp Background Fee applies for each Canadian applicant and 'At Cost' for all other International applicants.**

**Fees made payable to Coastal Association Services, LLC.**  
**We Accept Business checks, Cashier's checks or Money orders. (NO Personal Checks)**

**NO TENANT OR LESSEE MAY MOVE INTO OR OCCUPY A UNIT NOR SHALL ANY OWNER PERMIT A TENANT OR LESSEE TO MOVE IN OR COMMENCE OCCUPANCY WITHOUT OBTAINING AN APPROVED APPLICATION FROM THE ASSOCIATION.**

Please allow ten (10) business days for approval after all information is received by Coastal Association Services, LLC.

- **Rentals are 30 day minimum.**
- **Limited to single family residency only, no corporate leasing or subleasing outside of a family unit.**
- **Occupancy is limited to Lessee and immediate family only, additional occupants over 18 are subject to background check.**

Leasing Property Address: \_\_\_\_\_

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

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

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

How long: \_\_\_\_\_ Own: \_\_\_\_ Rent: \_\_\_\_ Landlord Name & phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

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

How long: \_\_\_\_\_ Own: \_\_\_\_ Rent: \_\_\_\_ Landlord Name & phone: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Other Occupant(s) – Separate Application and Background Check is required for each applicant over the age of 18 who will reside in the rental unit (fees apply as noted above):**

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

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

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

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State: \_\_\_\_\_

(If Applicable) Do you have any Pets: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, What is the name of your Pet(s): \_\_\_\_\_

What type/breed is your pet(s): \_\_\_\_\_

How many pounds: \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_ if so, when? \_\_\_\_\_

Have you ever had an eviction filed against you? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever been charged with a felony? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever been charged with a misdemeanor? \_\_\_\_\_ if so, please specify \_\_\_\_\_

Have you ever refused to pay rent/ broken a lease? \_\_\_\_\_ if so, when and why \_\_\_\_\_

Are you currently a party to a lawsuit? \_\_\_\_\_ if so, explain \_\_\_\_\_

Are there any judgements against you? \_\_\_\_\_ if so, explain \_\_\_\_\_

---

#### **OWNERS' ACKNOWLEDGMENT AND CONSENT \*\***

The owners of the unit proposed to be leased acknowledge that notwithstanding that they are leasing their property; it is they who shall continue to be responsible for the conduct or any violations by their tenants, licensees, invitees or guests.

Owner(s) further agree that in the event there is a default under the lease as a result of violation of the Governing Documents that the Owner(s) shall take immediate steps to as determined by the Association to terminate the lease, provide a notice to vacate and/or proceed with an eviction.

Owner(s) and their tenants/guests hereby agree to hold Westminster Community Association, Inc. and it's affiliates, harmless and indemnified from any and all costs and damages before, during or after tenancy.

Owner Name: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Agent's signature (if applicable) \_\_\_\_\_

Date: \_\_\_\_\_

**\*\* Owners' Acknowledgement and Consent MUST be signed prior to this Application being submitted to Coastal Association Services. Only fully completed, signed applications will be accepted.**

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



**APPLICANTS ACKNOWLEDGE, AGREE TO AND CONFIRM – INITIAL AND SIGN BELOW:**

\_\_\_\_\_ I/WE UNDERSTAND THAT WESTMINSTER IS A DEED RESTICTED COMMUNITY AND SUBJECT TO THE GOVERNING DOCUMENTS FOR WESTMINSTER COMMUNITY ASSOCIATION, INC.

\_\_\_\_\_ I/WE HAVE RECEIVED A COPY OF THE RULES AND REGULATIONS FOR THE COMMUNITY PERTAINING TO THE PROPERTY THAT THEY ARE REQUESTING TO LEASE.

Visit: [www.Westminstercommunity.com](http://www.Westminstercommunity.com), Directory & HOA Docs

\_\_\_\_\_ A BREACH OF ANY TERM OF THE ABOVE REFERENCED DOCUMENTS OR RULES CONSTITUES A DEFAULT UNDER THE LEASE AND THE ASSOCIATION TERMINATE THE LEASE AND PROVIDE NOTICE TO VACATE.

\_\_\_\_\_ MISSTATEMENT OR UNTRUE STATEMENT(S) UNDER THIS APPLICATION CONSTITUTES A DENIAL OF APPLICATION.

\_\_\_\_\_ AT NO TIME DURING THE TERM OF THE PROPOSED LEASE SHALL ANY PERSON REGISTERED AS A SEXUAL PREDATOR/OFFENDER UNDER THE LAWS OF ANY STATE OR COUNTRY BE ALLOWED TO STAY OVERNIGHT.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1314 Cape Coral PKWY East, Suite 205, Cape Coral, Florida 33904 // T: 239-689-3080 // F: 1-844-273-1058

[www.coastalassociation.biz](http://www.coastalassociation.biz)



\_\_\_\_\_ Applicant/Spouse  
Initials