

Cypress Bend RV Resort Condominium Association  
20224 Orange Tree Lane, Estero, FL 33928  
Phone & Fax 239-992-7555  
Email: Cypressbendrvesterofl@gmail.com

## RENTAL APPLICATION

Please check box that applies below:

### New Rental

Application fee of \$150 payable to Alliant  
Background fee of \$66.00/per occupant  
Signed background disclosure  
Copies of occupants ID's

### Previous Renter (has rented in past 2 years)

Application fee of \$150.00  
Copies of Occupants ID's  
(Background Check is N/A)

Unit                      Lot                      Rv Size(Min 24')                      Year

Lot No

Beginning Mo/Day/Year

Ending Mo/Day/Year

\*Maximum Rental Period is one(1)Year but may be renewed with a new application

\*Minimum Rental Period is not less than (1) Calendar month.

Street Address of Rental Site:

Owner's Full Name:

Owner's Phone:

Owner's Permanent Address:

City:

State:

Zip:

Owner's Email Address

Renter's Name(s)

Are you over 55? Yes                      No

Are you over 55? Yes                      No

**NOTE: Occupancy is limited to two(2) Adults Per Unit.**

**Applicant Must be at least 55 years old to be eligible to rent in Cypress Bend**

Renter's Mailing Address:

City:

State:

Zip:

Renter's Phone

Renter's Email

Do you have Pets?      Yes      No      Pets prohibited except on lots A1-A32,C2,G33-G54,J1-J48)

If yes, describe /breed/weight:    Breed:      Weight:

Pet Photo:    Yes      License:    Yes      Pet vaccination Record:    Yes

Include Copy of photo, license, and pet vaccination records

I/we certify that I have been provided a copy of Cypress Bend RV Resort Condominium Association Inc. Rules and Regulations, keys to the Clubhouse facilities and keys to Owner's post office box. I/we agree to immediately familiarize myself with the Rules and Regulations of the Cypress Bend RV Resort Condominium Association, Inc. and will strictly abide by each of them. I/we accept responsibility to ensure my visitors will strictly abide by the Rules and Regulations as well.

\*\*Renters must register at the office upon arrival. If office is closed on arrival, the Renters must fill out an arrival card and drop it in the drop box located on the wall near the office door.

Signed Renter:      Date:

Signed Renter:      Date:

- Owners:
1. I/we certify that I/we have rented property to the above named persons. They have been provided with
    - a) Copy of Rules & Regulations
    - b) Keys to the Clubhouse and mail box.
  2. Return this completed form to the Cypress Bend Office OR Alliant Property Management for the required approval at least 30 days prior to renter occupancy. Incomplete or untimely applications will be rejected.

Signed: Owners      Date:

Date:

**BOARD ACTION**

Approved

Rejected

By:

Date:

(Secretary of the Board of Directors Cypress Bend RV Resort Condominium Association)

Alliant Property Management  
13831 Vector Ave, Fort Myers FL 33907  
Email: apmsupport@alliantproperty.com  
Phone: (239) 454-1101

**DISCLOSURE CONSENT APPLICATION**

\*Please complete this form for each person to occupy the unit of the age 18 and older.  
Please do not leave any blanks, as this will result in a delay of the processing of the  
application.\*

---

Please Print Your Full Name Social Security Number

---

Please Print Any Other Names You Have Used Date Of Birth

---

Street Address

---

City State Zip Code

---

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

---

Signature Date

---

Witness Date

**DISCLOSURE CONSENT APPLICATION**

\*Please complete this form for each person to occupy the unit of the age 18 and older.  
Please do not leave any blanks, as this will result in a delay of the processing of the  
application.\*

---

Please Print Your Full Name Social Security Number

---

Please Print Any Other Names You Have Used Date Of Birth

---

Street Address

---

City State Zip Code

---

Driver's License # Exp. Date State Issued

I hereby give consent for an investigative consumer report to be prepared on me, which may include information about me obtained from Law Enforcement Agencies, State Agencies, as well as Public Records information such as credit reports, social security information, criminal history information, motor vehicle records and workers' compensation records, such as are allowed by law and in accordance with the Americans With Disabilities Act.

---

Signature Date

---

Witness Date