



BERMUDA GREENS
Condominium Association

CAM Catlett Association
Management, LLC
CAR0328

BERMUDA GREENS CONDOMINIUM ASSOCIATION, INC.

c/o Catlett Association Management, LLC

27499 Riverview Center Blvd #134
Bonita Springs, FL 34134
239-444-1721

LEASE APPLICATION

Must be submitted 30 days prior to lease occupancy.

**Return by Mail to 27499 Riverview Center Blvd #134 or
Deliver in Person**

Annual Lease _____ Seasonal Lease _____

Date: _____

Name(s) of Current Owner of Record: _____

Best Phone #: _____ Email: _____

I (we) hereby apply for approval to lease property address _____ Unit # _____

Term of Lease Beginning _____ Ending _____

Rental or Leasing Agent (if applicable) _____ Phone # _____

Contact Name: _____ Email: _____

Address: _____

NOTE: Lease term minimum of (90) ninety days and maximum (12) months

In accordance with the governing documents of the Association, **this application must be submitted with all the required enclosures and fees thirty (30) days prior to occupancy to allow for processing time. Tenants may not move in until the Association has tendered official approval** of the lease, and further, that moving in prematurely constitutes grounds for disapproval.

The following items **MUST** be included at the time the application is submitted to Catlett Association Management. An incomplete Lease package will be returned to the owner or agent.

Please submit the following: (Incomplete Applications will be returned)

ALL FEES ARE NON-REFUNDABLE

1. **Completely** filled out application form. Include Residential Screening Authorization Form and Imperial Gate Form. (Partially completed forms will **not be considered**)
2. A signed copy of the lease/rental contract agreement by owner and all applicants
3. The number of applicants must match the signed lease contract
4. Completed Imperial Gate Form
5. Legible Copy(s) of Driver's License
6. \$50.00 Application Fee payable to BERMUDA GREENS
7. \$50.00 Processing Fee payable to Catlett Association Management
8. \$50.00 Background Check Fee (U. S. Citizens) **per applicant 18 and over** payable to Catlett Association Mgmt
9. \$100.00 Background Check Fee (Canada) **per applicant 18 and over** payable to Catlett Association Management

PLEASE CALL THE OFFICE FOR PRICING ON INTERNATIONAL BACKGROUND CHECKS

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____

Full Name of Applicant: _____

Current Home Address: _____
Address State Zip Code

Phone #1: _____ Phone #2: _____ Email: _____

Vehicle Make: _____ Model: _____ Year: _____ Tag # _____ State: _____

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I/We understand that pickup trucks are not allowed. Other vehicle type restrictions are in the Bermuda Greens Rules and Regulations document. (Pages 5 and 6)**Initial** _____ **Initial** _____

The use of this home is for single family residence only. (2) Two occupants per bedroom.

Please list the names, relationships and age of all persons who will occupy your home in addition to the applicants above.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

Do any of the adult occupants have a history of eviction suits, judgments, bankruptcies, foreclosure, assault, domestic violence, disruptive behavior, complaints, etc.?

All adult occupants must answer and initial.

Yes _____ No _____ : Yes _____ No _____ : Yes _____ No _____ : Yes _____ No _____ :

If yes, give details and dates _____

Have any of the adult occupants ever been convicted of a felony? Yes _____ or No _____

If yes, please include names and details. _____

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

NOTE: WE UNDERSTAND THE FOLLOWING RULES AND REGULATIONS:

I UNDERSTAND THAT TENANTS AND GUESTS ARE NOT PERMITTED TO HAVE PETS IN ANY UNIT OR ON THE PROPERTY WITHOUT PRIOR BOARD APPROVAL.

_____ Initial(s) _____ Initial(s)

I UNDERSTAND THAT BERMUDA GREENS IS A NON-SMOKING COMMUNITY

_____ Initial(s) _____ Initial(s)

I UNDERSTAND THAT TRUCKS OVER 40 FEET IN LENGTH ARE NOT PERMITTED ON BERMUDA GREENS PROPERTY INCLUDING IN DRIVEWAYS.

_____ Initial(s) _____ Initial(s)

I UNDERSTAND THAT PODS MAY BE TO BE USED FOR THE MOVE IN OR OUT ONLY. I/WE HAVE READ THE GUIDELINES THAT REFERENCES POD REQUIREMENTS IN THE BERMUDA GREENS RULES AND REGULATIONS DOCUMENT

_____ Initial(s) _____ Initial(s)

I (we) declare the foregoing information is true and correct. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background check.

_____ Initial(s)

I/We understand the application fees are non-refundable. I/We am/are aware of and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws, and Rules and Regulations of the Association and acknowledge that the Association may terminate a lease upon default by the Tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the Association's Officers and/or the Association Designee. _____ Initial(s)

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction and prevent or stop violations by lessees and their guests. _____ Initial(s)

The prospective tenant(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit, and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s). _____ Initial(s)

We acknowledge that unit occupancy prior to the Board of Directors' approval is prohibited and may constitute grounds for disapproval.

_____ Initial(s)

The owner or agent will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood, and agree with all the statements above.

Applicant _____ **Printed**
Signature: _____ **Name:** _____
Date: _____

Applicant _____ **Printed**
Signature: _____ **Name:** _____
Date: _____

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Acceptance on behalf Bermuda Greens Condominium Association, Inc.

New Lease App
Rev 10/2025

Approved: _____

Disapproved: _____

Signature of Board Director or
Authorized Representative for the Board of Directors

Date



RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Type or Print)

Name _____ Sex _____
Address _____ Unit # _____
City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____

I give my authorization to this landlord, or any party or agency contacted by this landlord to obtain and verify the above Information, concerning a credit report, criminal records report, motor vehicle and other history. I understand that Inquiries may be made to various federal and state agencies.

Applicant's Signature

Date

DISCLAIMER

By typing my name above, I am signing this application electronically. I understand and agree that the information provided is accurate and I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this application.



RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Type or Print)

Name _____ Sex _____
Address _____ Unit # _____
City _____ State _____ Zip _____
Social Security Number _____ Date of Birth _____

I give my authorization to this landlord, or any party or agency contacted by this landlord to obtain and verify the above Information, concerning a credit report, criminal records report, motor vehicle and other history. I understand that Inquiries may be made to various federal and state agencies.

Applicant's Signature

Date

DISCLAIMER

By typing my name above, I am signing this application electronically. I understand and agree that the information provided is accurate and I agree that my electronic signature is the legal equivalent of my manual/handwritten signature on this application.

Imperial Golf Club Community Gate Control Form

Name (Last, First) _____

Address (Community)* _____

Street Address _____

Access Type Requested (check one)

Owner ☐ Renter ☐ Golf member # _____

Vehicle Information:

MAKE _____ MODEL _____

YEAR _____ COLOR _____ TAG _____, FL _____

OFFICE USE ONLY: WAND STICKER Number: _____

Vehicle Information:

MAKE _____ MODEL _____

YEAR _____ COLOR _____ TAG _____ FL _____

OFFICE USE ONLY: WAND STICKER Number: _____

Vehicle Information:

MAKE _____ MODEL _____

YEAR _____ COLOR _____ TAG _____ FL _____

OFFICE USE ONLY: WAND STICKER Number: _____

Imperial Communities:*Abbey on the Lake *Bermuda Greens *Castlewood *
Charleston Square * Imperial Gardens * Imperial Golf Club * Imperial Golf
Estates* The Island * Manors of Regal Lake * Park Place * Park Place West *
Wedgfield * Westgate * Weybridge

Signature _____ Date _____