

**STONEYBROOK AT GATEWAY MASTER**

**LEASE REGISTRATION APPROVAL**

**(Effective 12-28-09)**

C/o Alliant Property Management, LLC  
6719 Winkler Road, Suite 200  
Fort Myers, Florida  
Phone (239) 454-1102 Fax (239) 454-1147  
Fax (239) 454-1147

Stoneybrook Clubhouse  
9521 Pebblebrook Blvd  
Fort Myers, FL 33913  
Tel: 239-561-0578  
Fax: 239-561-1568

**This FORM must be submitted along with a \$50.00 Application Fee and a \$100 Transfer Fee, check(s) payable to Stoneybrook Gateway Master at least fourteen (14) days prior to the start of any lease. The \$50 Application fee and all new documentation is required for all new lease renewals if the original lease application was prior to 4-1-09, If the original lease application was after 4-1-09, an update of this form is required along with a copy of the new lease.**

**NO NEW TENANTS MAY MOVE INTO STONEYBROOK UNTIL THIS LEASE REGISTRATION IS APPROVED BY THE BOARD OF DIRECTORS. A \$100 FINE WILL BE APPLIED TO THE LESSOR FOR ANY LEASE AGREEMENT ENTERED WITHOUT APPROVAL OF THE MASTER ASSOCIATION. NO LEASE MAY BE FOR LESS THAN A THIRTY (30) DAY PERIOD. A CRIMINAL BACKGROUND CHECK MUST BE COMPLETED ON EACH ADULT (18 YEARS +) LEASING THE UNIT. THIS APPLICATION MAY BE DISAPPROVED FOR GOOD CAUSE PER 11(A)-11(J) OF THE LEASING AMENDMENT 5.25 OF THE MASTER DECLARATION OF COVENANTS & RESTICTIONS FOR STONEYBROOK AT GATEWAY.**

**LEASED UNIT ADDRESS \_\_\_\_\_**

I understand that the landscaping must be maintained (mowing, edging, weeding, trimming, mulch, and weed control of sod). (Place initials in box)

**Identify who is responsible for this maintenance during the lease period: \_\_\_\_\_ OWNER \_\_\_\_\_ TENANT**

**UNIT OWNER INFORMATION (LESSOR)**

**NAME \_\_\_\_\_ Email: \_\_\_\_\_**

**MAILING ADDRESS: \_\_\_\_\_**

**PHONE: (        ) \_\_\_\_\_ - \_\_\_\_\_ Cell: (        ) \_\_\_\_\_ - \_\_\_\_\_**

I have received, read and agree to all of the provisions of 5.25 Occupancy in the Absence of Owner & Leasing of the Living Units. (Place initials in box)

I have received, reviewed, understand and signed the Stoneybrook at Gateway "Assignment of Rents" regarding The HOA's right to collect rent directly from the tenant if I become delinquent in payment of HOA dues.

**LESSEE INFORMATION      Lessee's email address: \_\_\_\_\_**

**LEASE DATE: FROM \_\_\_\_\_ TO \_\_\_\_\_**

**List Each Adult (16 years of age) and Include driver's license number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VEHICLE (make/license #, color) \_\_\_\_\_**

**VEHICLE (make/license #, color) \_\_\_\_\_**

**PHONE (        ) \_\_\_\_\_ - \_\_\_\_\_ ALT. PHONE \_\_\_\_\_**

**Will anyone other than those listed above occupy this unit?      \_\_\_\_\_ No      \_\_\_\_\_ Yes**

**If yes, whom? (List names, ages and relationship) \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_

