

LEASE INFO INPUT FORM – LEASE IS NEEDED BY: 01/03/2019 / 10:00
DATE TIME

THIS IS A: NEW LEASE ☐ OR RENEWAL LEASE ☒

PROPERTY IS MANAGED BY: AGENT ☒ OR OWNER ☐

WHO WILL BE SIGNING LEASE? AGENT ☐ OR OWNER ☒

PROPERTY ADDRESS: 10049 Heather Lane UNIT/APT: 101

CITY: Naples, FL. ZIP: 34009

OWNERS NAME(S): Joe Bell Jr

ONLY IF MANAGED BY OWNER, FILL IN OWNER'S ADDRESS AND PHONE NUMBER

OWNER'S ADDRESS: _____

OWNER'S PH: _____ EMERGENCY PH: _____

TENANTS NAME(S): Aileen Lindberg

MINOR OCCUPANTS' NAME AND AGE: _____
(OCCUPANTS WILL NOT SIGN THE LEASE)

VEHICLES (YEAR, MAKE): _____

PETS ALLOWED? NO ☒ YES ☐ SMOKING ALLOWED? NO ☒ YES ☐ LANAI/PATIO ☐

TERM OF LEASE: --- BEGIN: 2/1, 2019 END: 1/31, 2020

PRORATED RENT: --- BEGIN: _____, 20____ END: _____, 20____ AMOUNT: \$_____

MONTHLY RENT AMOUNT: \$ 1,400.00 SALES TAX: \$_____ COUNTY TAX: \$_____

RENT DUE DAY: 1 (USUALLY 1st OF MONTH)

DATE LATE CHARGE BEGINS: 5 (USUALLY 5th OF MONTH)

LATE CHARGE AMOUNT: \$ ☐ OR % ☐ 25.00 DAILY LATE CHARGE (usually \$2-\$5): \$ 0.00

CASH PAYMENTS ALLOWED? NO ☒ YES ☐ (We recommend "NO")

SECURITY DEPOSIT AMOUNT: \$ 1,400.00 LAST MONTHS RENT: \$ 1,400.00

TYPE OF SEC DEPOSIT ACCOUNT: INTEREST BEARING ☐ NON INT BEARING ☒

NAME AND CITY OF FLORIDA BANK First Integrity Bank Of Florida

PRIOR TO LEASE END HOW MUCH NOTICE DO YOU REQUIRE FROM TENANT TO VACATE?

30 Days ☒ 60 Days ☐

Is there an applicable association rule that either prohibits a month-to-month tenancy or creates a "one lease per year" restriction or some other similar restriction? YES ☐ NO ☒

MANDATORY MINIMUM CARPET CLEAN CHARGE? NO ☐ YES ☒ AMOUNT \$ 113.00
MANDATORY MINIMUM GENERAL CLEANING CHARGE? NO ☐ YES ☒ AMOUNT \$ 113.00
MANDATORY CHARGE IF KEYS NOT RETURNED? NO ☐ YES ☒ AMOUNT \$ 50.00

(THESE CHARGES CAN BE DEDUCTED FROM THE SECURITY DEPOSIT ON MOVE-OUT)

UTILITIES LANDLORD PAYS: (ALL OTHER UTILITIES WILL BE PAID BY TENANT)

NONE ☐ WATER ☒ RECLAIMED WATER ☐ ELECTRIC ☐ SEWER ☒ OIL ☐
GAS ☐ GARBAGE ☒ BASIC CABLE ☐ LOCAL PHONE ☐ INTERNET ☐

OTHER _____

MAINTENANCE/REPAIR RESPONSIBILITY OF TENANT: (Check box for TENANT)

NONE <input type="checkbox"/>	OVEN <input type="checkbox"/>	POOL SERVICE <input type="checkbox"/>
A/C FILTERS <input checked="" type="checkbox"/>	OVEN RINGS/DRIP PANS <input type="checkbox"/>	POOL EQUIPMENT <input type="checkbox"/>
WATER HTR <input type="checkbox"/>	GARBAGE DISPOSAL <input type="checkbox"/>	INTERIOR EXTERMINATION <input type="checkbox"/>
REFRIGERATOR <input type="checkbox"/>	LOCKS/KEYS <input type="checkbox"/>	EXTERIOR EXTERMINATION <input type="checkbox"/>
REFRIGERATOR WATER FILTERS <input type="checkbox"/>	LIGHT BULBS <input checked="" type="checkbox"/>	WINDOWS <input type="checkbox"/>
ICE MAKER <input type="checkbox"/>	SMOKE ALARM(S) <input type="checkbox"/>	WATER CONDITIONER <input type="checkbox"/>
DISHWASHER <input type="checkbox"/>	SMOKE ALARM BATTERIES <input checked="" type="checkbox"/>	HOT TUB <input type="checkbox"/>
MICROWAVE <input type="checkbox"/>	LAWN/SHRUBS <input type="checkbox"/>	WASHER <input type="checkbox"/>
RANGE <input type="checkbox"/>	SCREENS <input type="checkbox"/>	DRYER <input type="checkbox"/>
OTHER _____		

ADDITIONAL STIPULATIONS: (Print clearly, attach page if necessary)

TERMINATE ON SALE OR CONTRACT CLAUSE? (Termination is at Landlords option)
NO ☒ OR YES ☐ IF YES, NOTICE TO TENANT _____ DAYS (USUALLY 30-90 DAYS)

YOUR COMPANY'S NAME AND ADDRESS: Amerivest Realty

4851 Tamiami Tr N Ste 258 Naples, FL 34103

AGENT NAME: Leslie Rollins EMAIL: leslierollins1@gmail.com

PH: (239) 272-0645 FAX: _____ EMER PH: (239) 272-0645

FAX TO: 1-800-367-9038 PH: 1-800-253-8428 OR
E-mail to: LEASE@ATTORNEYLEASE.COM