

# SEASONAL/SHORT TERM

INPUT FORM – LEASE IS NEEDED BY: 2/5/19 2<sup>00</sup>  
DATE TIME

PROPERTY IS MANAGED BY (choose one) AGENT ☒ or OWNER ☐

WHO WILL BE SIGNING LEASE? (choose one) AGENT ☒ or OWNER ☐

Is the unit currently for sale? YES ☐ NO ☒

Tenant(s): Andy and Amber Cooper

Tenant(s) Address: 24 Garland St. Fitchburg, Ma 01420

Home Phone: \_\_\_\_\_ Cell Phone: 617-767-2418 Total # of Occupants: 4

Owner's Name(s): Janet Cesarz

**PLEASE COMPLETE, IF OWNER MANAGED:**

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Complex Name: Park Shore Resort Address: 600 Neapolitan way Unit: 147

City: Naples FL ZIP: 34103 Parking Sp.#: \_\_\_\_\_ No of Bedrooms: 2 Effic. ☐

Check-In Date: 2/6/19 (Time 3:00) Check-Out Date: 2/28/19 (Time 11:00)

CANCELLATION FEE: \$ n/a IF AT LEAST \_\_\_\_\_ DAYS NOTICE GIVEN B/F MOVE-IN  
non Refundable

**AMOUNTS CHARGED:**

Total Rent for Term \$ 3500.- Total Sales/Tourist Tax \$ 385

Cleaning/Damage/Utility Deposit \$ 500.- Booking Charge \$ 50.-

Association Approval Fee \$ n/a Payable to Amerivest Realty Paid ☐

Pets Allowed YES ☐ NO ☒ Pet Fee \$ \_\_\_\_\_ Pet Deposit \$ \_\_\_\_\_

ADDITIONAL FEES \$ \_\_\_\_\_

SMOKING ALLOWED? YES ☐ NO ☒ LANAI/PATIO ☐

SHEETS/LINENS: Tenant is ☐ is not ☒ required to launder before vacating.



TOTAL \$ 4435.7

(AMOUNTS CHARGED (above) + CLEANING CHARGE (below) MUST equal PAYMENT SCHEDULE)

**PAYMENT SCHEDULE:**

First Payment of \$ 4435.7 Due no later than: Signing of lease  
Second Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_  
Third Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_  
Forth Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_  
Fifth Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_  
Sixth Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_  
Final Payment of \$ \_\_\_\_\_ Due no later than: \_\_\_\_\_

WHO HOLDS SEASONAL CLEANING/DAMAGE/UTILITY DEPOSIT? Broker ☒ Owner ☐

UTILITIES/SERVICES/CHARGES "T" for Tenant, "O" for Owner or N/A

Electric 0 up to \$ 80 Water \_\_\_\_\_ up to \$ \_\_\_\_\_ Sewer \_\_\_\_\_ up to \$ \_\_\_\_\_ with Water ☐  
Trash 0 Gas — Pest Control 0 Cleaning Charge IBD Amount \$ \_\_\_\_\_ MR ☐  
Local Phone \_\_\_\_\_ Basic Cable 0 Internet 0 Softener Salt \_\_\_\_\_  
Pool Service — Others: \_\_\_\_\_

**SPECIAL STIPULATIONS: (Print clearly, attach page if necessary)**

This is a non Refundable lease  
exit clean will come out of Security Deposit  
rate will be determined by condition of  
Unit at time of departure.

YOUR COMPANY'S NAME Amerivest Realty

Address 4851 Tamiami Trn Ste 258 Naples FL 34108

Phone <sup>239</sup> 272-0645 Ext \_\_\_\_\_ Fax \_\_\_\_\_ Emer Phone <sup>239</sup> 272-0645 Ext \_\_\_\_\_

Agent's Name Leslie Rollins Email leslie.rollins1@gmail.com

FAX TO: 1-800-367-9038 PH: 1-800-253-8428

E-mail to: LEASE@ATTORNEYLEASE.COM