

SEASONAL/SHORT TERM

INPUT FORM – LEASE IS NEEDED BY: 03/30/18 / 12:00
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): Don and Justine Baker

Tenant(s) Address: 1268 Fleetwood Rd. Rydel, PA 19046

Home Phone: 215-886-2224 Cell Phone: 215-836-9429 Total # of Occupants: 2

Owner's Name(s): Marilyn Harris

PLEASE COMPLETE, IF OWNER MANAGED:

Owner's Address: _____

City: _____ State: _____ ZIP: _____

Owner's Phone: _____ Cell Phone: _____

Complex Name: Harbourside Gardens Address: 3400 Gulfshore Blvd. Unit: L-8

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

Check-In Date: 01/05/19 (Time 3:00) Check-Out Date: 4/5/2019 (Time 11:00)

CANCELLATION FEE: \$ 12,000.00 IF AT LEAST _____ DAYS NOTICE GIVEN B/F MOVE-IN

AMOUNTS CHARGED:

Total Rent for Term \$ 12,000.00 Total Sales/Tourist Tax \$ 1,320.00

Cleaning/Damage/Utility Deposit \$ 500.00 Booking Charge \$ 50.00

Association Approval Fee \$ _____ Payable to _____ 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 \$ 13,870.00

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

PAYMENT SCHEDULE:

First Payment of	\$ <u>4,623.33</u>	Due no later than:	<u>At signing of lease</u>
Second Payment of	\$ <u>4,623.33</u>	Due no later than:	<u>11/1/2018</u>
Third Payment of	\$ <u>4,623.34</u>	Due no later than:	<u>12/1/2108</u>
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 <input type="checkbox"/> up to \$ <u>80.00</u>	Water <input type="checkbox"/> up to \$ _____	Sewer <input type="checkbox"/> up to \$ _____	with Water <input type="checkbox"/>
Trash <input type="checkbox"/>	Gas _____	Pest Control <input type="checkbox"/>	Cleaning Charge _____
Local Phone _____	Basic Cable <input type="checkbox"/>	Internet <input type="checkbox"/>	Amount \$ _____ MR <input type="checkbox"/>
Pool Service _____	Others: _____	Softener Salt _____	

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

See Attached

Exit clean to come out of Tenants
Security deposit. Price will depend on condition
of unit at time of departure.

YOUR COMPANY'S NAME Amerivest Realty

Address 4851 Tamiami Tr. N. Ste 258

Phone (239) 272-0645 **Ext** _____ **Fax** _____ **Emer Phone** (239) 272-0645 **Ext** _____

Agent's Name Leslie Rollins **Email** leslierollins1@gmail.com

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

E-mail to: LEASE@ATTORNEYLEASE.COM

Special Provisions Cont.

Per the Attorney we could put the following :

"In the event TENANT cancels this lease or vacates prior to the expiration of the lease, LANDLORD will attempt to find another TENANT for the unexpired term of the lease. However, TENANT remains liable for all the rents until the end of the lease term. If the LANDLORD re-rents the property prior to the end of the lease term, LANDLORD shall refund a pro-rated amount of rent to the TENANT, subject to claims of damages, commission, and any other amounts due to the LANDLORD."