

**LEASE INFO INPUT FORM – LEASE IS NEEDED BY:** 04/09/2018, 12:00THIS IS A: NEW LEASE ☒ OR RENEWAL LEASE ☐ DATE TIMEPROPERTY IS MANAGED BY: AGENT ☒ OR OWNER ☐WHO WILL BE SIGNING LEASE? AGENT ☐ OR OWNER ☒PROPERTY ADDRESS: 1021 3rd St S. UNIT/APT: 308CITY: Naples, FL. ZIP: 34102OWNERS NAME(S): Allan and Anne Barcus**ONLY IF MANAGED BY OWNER, FILL IN OWNER'S ADDRESS AND PHONE NUMBER**

OWNER'S ADDRESS: \_\_\_\_\_

OWNER'S PH: \_\_\_\_\_ EMERGENCY PH: \_\_\_\_\_

TENANTS NAME(S): Robert Frey and Jennie FreyMINOR 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: 5/1, 2018 END: 3/1, 2019

PRORATED RENT: --- BEGIN: \_\_\_\_\_, 20\_\_\_\_ END: \_\_\_\_\_, 20\_\_\_\_ AMOUNT: \$\_\_\_\_\_

MONTHLY RENT AMOUNT: \$900.00 <sup>See Below</sup> 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): \$0.00CASH PAYMENTS ALLOWED? NO ☒ YES ☐ (We recommend "NO")SECURITY DEPOSIT AMOUNT: \$500.00 LAST MONTHS RENT: \$0.00TYPE OF SEC DEPOSIT ACCOUNT: INTEREST BEARING ☐ NON INT BEARING ☒NAME AND CITY OF FLORIDA BANK Florida 1st Integrity Bank Naples, FL

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 \$ 20.00  
MANDATORY MINIMUM GENERAL CLEANING CHARGE? NO ☐ YES ☒ AMOUNT \$ 20.00  
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)

Rent is \$900.00 per month from May 1 to December 31. For January and February it is \$1200.00 per month

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