

# SEASONAL/SHORT TERM

**INPUT FORM – LEASE IS NEEDED BY:** 04/10/18 / 10:00  
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): Robert and Judy McClaskey

Tenant(s) Address: 475 E. Schreyer Place. Columbus, OH 43214

Home Phone: 614-447-9743 Cell Phone: 614-531-1783 Total # of Occupants: 2

Owner's Name(s): Craig Family LLC

**PLEASE COMPLETE, IF OWNER MANAGED:**

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

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

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

Complex Name: Town Manor Address: 1021 3rd St. S. Unit: 210

City: Naples FL ZIP: 34102 Parking Sp.#: \_\_\_\_\_ No of Bedrooms: 2 Effic. ☐

Check-In Date: 12/29/18 (Time 3:00) Check-Out Date: 3/31/2019 (Time 11:00)

CANCELLATION FEE: \$ See attached IF AT LEAST \_\_\_\_\_ DAYS NOTICE GIVEN B/F MOVE-IN

**AMOUNTS CHARGED:**

Total Rent for Term \$ 11,470.00

Total Sales/Tourist Tax \$ 1,261.70

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 \$** 13,281.70

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

**PAYMENT SCHEDULE:**

First Payment of	\$ <u>4,427.23</u>	Due no later than:	<u>At signing of lease</u>
Second Payment of	\$ <u>4,427.23</u>	Due no later than:	<u>10/1/2018</u>
Third Payment of	\$ <u>4,427.24</u>	Due no later than:	<u>11/1/2018</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 <u>n/a</u> up to \$ _____	Sewer <u>n/a</u> 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)

Exit clean will be paid by tenant and monies will come out of security deposit.

Market Rate price

This is a non smoking building. Owner is responsible for pre clean

Cancellation policy see attached.

**YOUR COMPANY'S NAME** Amerivest Realty

**Address** 4851 Tamiami Tr. N Ste 258 Naples, FL. 34103

**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."