



Date Stamp

Cedar Creek Property Owners' Association, Inc Lease Checklist

Dear Prospective Tenant,

Please submit the following for approval to lease in Cedar Creek:

- _____ Signed Application Checklist
- _____ Completed Application
- _____ \$150 Application Fee non-refundable – Payable to **Cedar Creek**
- _____ Copy of a Government Issued Photo ID for each adult over 18
- _____ Completed Background/Credit Check Authorization Form **for each adult over 18**
- _____ Background Fee of \$50 per adult U.S. Citizen/ \$75 per adult Foreign National
Non-Refundable – Payable to **Precedent**
- _____ Executed Lease

Unit Address _____

Missing or incomplete information will result in the delay of processing your application.
Complete application **MUST** be received 30 days prior to occupancy.

Applicant Signature

Applicant Signature

If you have any questions, please contact Precedent at 239-344-8799 or
info@precedentmgt.com.

Thank You,

**Cedar Creek Property Owners' Association, Inc
Application for Approval to Lease**

Date Stamp

Street Address _____ Lease ___/___/___ to ___/___/___

Owner Name _____ Phone _____

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

APPLICANT INFORMATION

Last Name		First	Middle
Home Address			Apartment/Unit #
City		State	ZIP
Phone #	Cell #	Other Phone #	
Email Address			
Employer		Employer's Phone #	

APPLICANT INFORMATION

Last Name		First	Middle
Home Address			Apartment/Unit #
City		State	ZIP
Phone #	Cell #	Other Phone #	
Email Address			
Employer		Employer's Phone #	

OCCUPANTS

Please list the name, relationship, and date of birth of all occupants not listed above who will be living in this unit.

Full Name	Relationship	Date of Birth

Have you previously leased in Cedar Creek?	If YES, what address?
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CURRENT OR MOST RECENT LANDLORD	
Full Name	
Address	
Phone ()	How Long

REFERENCES	
<i>Please list two references.</i>	
Full Name	
Address	Phone ()
Full Name	
Address	Phone ()

VEHICLES				
<i>No trucks or recreational vehicles permitted</i>				
Year	Make	Model	License plate #	State
Year	Make	Model	License plate #	State

EMERGENCY CONTACT	
Full Name	
Relationship	Phone ()

DISCLAIMER AND SIGNATURE	
In order to facilitate consideration of this application, I/we, the applicant(s), represent that the above information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval.	
I/we have received, read and understand the Rules and Regulations of Cedar Creek and will comply.	
Signature	Date
Signature	Date

Note: All rentals of 6 months or less must pay applicable Tourists County Tax as well as applicable State Sales Tax.

Return this request to:
 Cedar Creek Property Owners' Association, Inc c/o
 Precedent
 6216 Whiskey Creek Dr., Ste A Fort Myers, FL 33919
 (Phone 239) 344-8733
 info@precedentmgt.com



APPLICATION APPROVAL	
_____ Approved	_____ Date
_____ Disapproved	By: _____
	_____ Board Officer or Director



Date Stamp

BACKGROUND & CREDIT CHECK AUTHORIZATION

The Association has the right to perform background and credit checks on all applicants. By completing this authorization form, I give Precedent the right to administer a background and credit check as a part of the application approval process. Include with this form a non-refundable check made out to Precedent. Each background and credit check is a non-refundable \$50 per adult for US Citizens and \$75 per person for Foreign National. Include a state or government issued photo ID.

Print all information neatly and legibly.

Applicant Name _____

DOB _____ Social Security # _____

NIN # _____ Passport # _____

Current Address _____

Previous Address _____

Applicant Name _____

DOB _____ Social Security # _____

NIN # _____ Passport # _____

Current Address _____

Previous Address _____

By signing this form I agree that the information provided is correct and to administer a background and credit check.

Signature _____

Date _____

Signature _____

Date _____

Cedar Creek Barcode Decal & Gate Request Form

Resident Owners and Renters may purchase an initial or replacement Portable and/or Vehicle Barcode Decal using this form. **(Decals are \$20 each (Check or Money Orders only, made payable to Cedar Creek).**

Initial or replacement Barcode Decals for your personal vehicle must be attached to a right rear window of your vehicle. Portable Barcode Decals are the same as a Vehicle Barcode Decals and should be attached to something with durable backing and easy to carry with you.

Complete this form and return with your check or money order to:
Precedent 6216 Whiskey Creek Dr., Ste A. Fort Myers, FL. 33919

Office Hours are from 8:30am to 5:00pm Monday thru Friday. If you have any questions, please contact our office during business hours by Phone at (239) 344-8733 or by email at info@precedentmgt.com.

***Indicates required fields**

Resident's Name: * _____

Address: * _____

Phone Number: *Home _____ Mobile _____

Email: * _____

Homeowner or Renter? * _____

Vehicle* Make _____ Model _____ Tag/State _____

Vehicle* Make _____ Model _____ Tag/State _____

Vehicle Barcode Decals Qty: _____

Portable Barcode Decals Qty: _____

Name for Telephone Entry at Gate: _____

Phone Number for Entry at Gate: _____

Upon setup, Management will provide you a unique 4-digit PIN for your use only. You will be able to enter your PIN at the call box and be granted access.

From the call box, visitors can dial you by name, you will answer and be able to speak to them and press and hold 9 to grant access.

Updates/Changes for Gate Entry (Existing Residents):

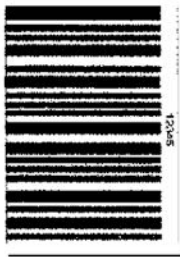
Name Change? _____

Phone Number Change? _____

Add New Name & Number? _____

Applying Decals to Vehicles Quick Guide

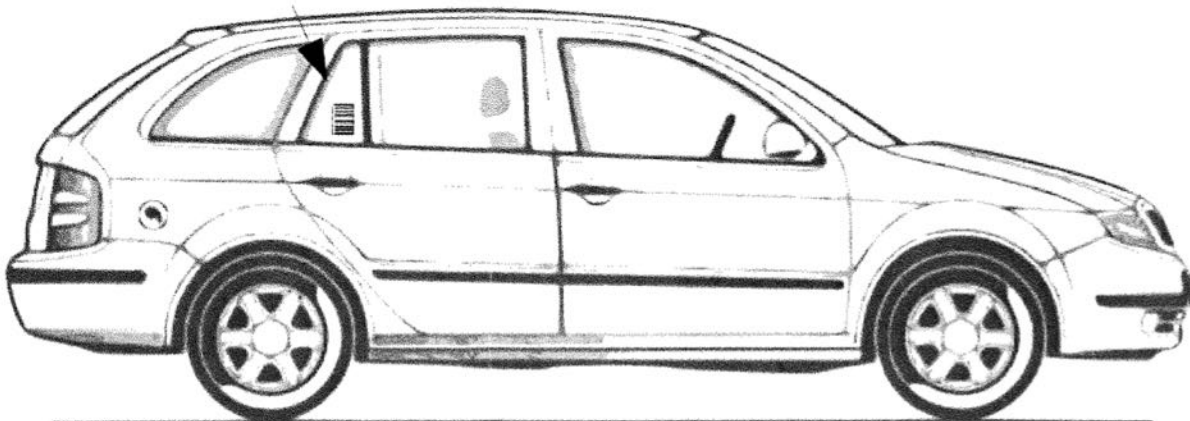
- Place the decal on the right side of the vehicle's rear door, as shown below.
- Apply to the outside of the window glass. **Decals will not read reliably through the glass.**
- Orient the decal with the stripes running horizontal. (as shown).
- The bottom of the decal should be at least 36 inches above the ground.
- The top of the decal should be no more than 65 inches above the ground.
- Place the decal in an unobtrusive spot on the rear side window. Windows that do not open are preferred.
- The numbers printed on the decal should be on either the left or right side, never the top or bottom. The decal should be applied vertically, and aligned as straight as possible.
- If placed on the vehicle anywhere other than glass, it can be difficult to remove the decal without damaging the surface.



YES



NO



Ensure that window surface is at least 59° F. If the window is too cool, the decal adhesive will not bond.

Clean the window glass using SoftScrub or either non-scratching mild abrasive cleaner. Do **not use glass cleaner containing silicone.** Mild abrasive cleaners will not scratch the window but are very effective at removing silicone, wax, or other chemical coatings that interfere with the decal bonding to the glass.