

KING'S GATE ASSOCIATION, Inc.
1500 King's Way Dr., Nokomis, FL 34275
Phone: 941-485-8139 E-Mail: admin@kingsgatepark.com

RENTAL/LESSEE APPLICATION INSTRUCTIONS

In keeping with the requirements in Article 20 of the Declaration of Condominium, the Board of Directors instituted a Rental Policy.

Application Instructions:

1. Please review the **Rental Policy**.
2. Complete the **Request for Approval to Lease form** and submit to the King's Gate Association office, (can use drop box), fax, or email to admin@kingsgatepark.com, (no Picture attachments will be accepted). The request must be made at least 30 days prior to the date the rental is to begin. Note the **owner and lessee must sign the application**.
3. **Processing fee of \$75.00 (U.S.)**. Check or money order made payable to King's Gate Association. Cash Not Accepted.
4. **Copy of the lease agreement**.
5. **Provide copy of Proof of age & identity**, (copy of a **Driver's license**, or Passport, etc.).
6. **Complete the Background Form(s)**, (Corelogic for US citizens, BEACON for Canadian, Other). The Board of Directors of King's Gate Association shall require a background investigation of any proposed renter. The Board of Directors may conduct a personal interview of any renter, unless said renter has rented in the Park within the last 36 months.
7. If you typically lease your unit, please make copies of the application and background check forms for your use. They will also be available on the King's Gate website: www.kingsgatepark.com.

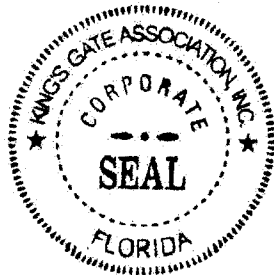
NOTE: Only completed applications will be processed.

KING'S GATE ASSOCIATION, INC.

RENTAL POLICY

REVISED RULES & REGULATIONS, Section #6.

1. If an owner offers his King's Gate Park unit (including RV pads) for rent, the owner must notify the King's Gate Association Office in writing that this unit is to be considered as a rental unit.
2. An owner may rent their unit after they have owned the unit for two (2) years.
3. At least one of the occupants must be age 55 or older.
4. Whenever an owner rents a unit, the owner must submit a "Request for Approval to Lease Property" 30 days prior to date rental is to begin, accompanied by a \$75.00 (US) processing fee.
5. The Board of Directors of King's Gate Association shall require a background investigation of any proposed renter. A personal interview may be conducted, unless said renter has rented in the Park within the last 36 months.
6. It is required that the owner provide the renter with a copy of the Rules and Regulations of King's Gate Park prior to their arrival. The renter's signature on the "Request for Approval to Lease Property" will indicate that the renter has received the aforementioned Rules, and further, that they agree to abide by the Rules.
7. Upon arrival, at least one of the individuals listed on the "Request for Approval to Lease Property" must provide the King's Gate Park Office with proof that at least one renter is age 55 or older. This can be accomplished with a valid driver's license, passport, or any other government issued photo ID.
8. Guests may stay in the rental unity when the renter is present, under the same restrictions found in Section 5(b). No guests are allowed to stay in the rental unit in the absence of the renter.
9. Only an owner may rent a unit. Renters are not allowed to sublease a unit.
10. Should the renters have an RV or a utility trailer they wish to store in the King's Gate Park storage area OR have a boat they wish to place in the marina, the owner of the unit forfeits all rights to use those areas while they are being utilized by the renter.
11. The King's Gate Association recommends that owners desiring to rent their units consider renting for a minimum 30-day period, and no more than 3 times in a calendar year.



KING'S GATE ASSOCIATION, INC.

By: Madelyn K. Julek

As its President

(Corporate Seal)

REQUEST FOR APPROVAL TO LEASE PROPERTY
within KING's GATE ASSOCIATION, INC.

To: King's Gate Association, Inc., 1500 Kings Way Dr, Nokomis, FL 34275

In accordance with King's Gate Park Rules and Regulations and the recorded Declaration of Condominium, I, _____, hereby request Board of Directors consent to lease my property

(Lessor/Owner)

described as: Lot # _____, Street Address _____

*Phone or Cell# _____

The following information is submitted for consideration: **NOTE:** This request must be submitted at least 30 days prior to commencement of the Lease.

1. A copy of the completed lease agreement, together with any other agreements relating thereto.
2. Proof of age of lessee(s) (copy of driver's license).
3. Lessee's signature on this application indicates Lessees understand that they have read and understand all of the rules and regulations of the park. Lessee understands that King's Gate Park may conduct a background check.
4. Occupant 55 or older – Yes _____ No _____
5. Number of persons that will be in continuous occupancy: _____.
6. The license tag number of the vehicle(s), including RV, to be parked on lot: _____
NOTE: Parking of trailers, camper, boats and other RV type vehicles at the unit is prohibited.
Storage may be available in the RV lot.
7. Real Estate Agent (if applicable): _____
8. Duration of Lease: From: _____ To: _____
9. A \$75.00 (US) processing fee made payable to King's Gate Association must be attached to this document.
This application will not be considered without the fee attached.
10. A background check will be required of all lessees who have not resided in the Park during the previous 36 months. Please complete and return the background check information form with this application.
11. **NOTE:** The temporary transfer of gate access cards is the responsibility of the Lessor. Lessee's name will not be included on the gate directory unless occupancy is for one year or longer.

UNIT LEASED TO

Name(s): _____ Phone: _____

Address: _____

City/State: _____ County: _____ Zip/Pac: _____

New Lessee: _____. Return Lessee: _____. *(Provide info below if returning Lessee)*

*Are you an Active Service Member in the US Military Service? _____

Prior lease information: Year _____. Lot # or address _____

SIGNED, UNIT OWNER AS LESSOR: _____

SIGNED, LESSEE: _____

Association Approval: _____

Title _____ Date _____

Note: Failure to notify the Association of intention to lease and provide necessary documents to the King's Gate Park Office will result in a fine being imposed as per our Bylaws under "Fines" Sect.8 pages 15-17.

*****Registration at the office is required within 2 business days of arrival in the park.**

Revision: April 2016 Revision update December 11, 2017.

King's Gate Association, Inc.

1500 Kings Way Drive Nokomis, FL 34275

Phone: 941-485-8139 Fax: 941-485-9709

RENTAL BACKGROUND CHECK

I hereby give permission to Corelogic Background and Credit Screening services, and its clients to receive any criminal records, credit reports, or employment records whether by verbal, email, fax, photocopy or original signature. I agree to hold harmless Corelogic, and all providers of information. In the even that information provided to me is found to me misleading or false; my acceptance for this rental, lease purchase, employment or application may be affected. I am knowingly agreeing to this background and credit check for the purpose of Kings Gate Association Inc. to have the ability to approve/disqualify me/us from residency/ownership of the community Kings Gate Park.

Phone/Cell# _____

Print Full Legal Name: _____

Maiden Name: _____ Social Security Number: _____

.Street Address: _____

City: _____ St: _____ Zip: _____

Previous address (es): (If less than 7 years at current address. Use additional paper if necessary.)

Street Address: _____

City: _____ St: _____ Zip: _____

Date of Birth: _____ Birth Place: _____ Country: _____

DL Number: _____ State: _____

Have you ever been arrested, convicted or adjudicated of a crime?: _____

If you answered yes to the above question please give details, dates and location(s).:

Signature: _____ Date: _____

Revision: 06/28/2018

King's Gate Association, Inc.

1500 Kings Way Drive Nokomis, FL 34275

Phone: 941-485-8139 Fax: 941-485-9709

RENTAL BACKGROUND CHECK

I hereby give permission to Corelogic Background and Credit Screening services, and its clients to receive any criminal records, credit reports, or employment records whether by verbal, email, fax, photocopy or original signature. I agree to hold harmless Corelogic, and all providers of information. In the event that information provided to me is found to be misleading or false; my acceptance for this rental, lease purchase, employment or application may be affected. I am knowingly agreeing to this background and credit check for the purpose of Kings Gate Association Inc. to have the ability to approve/disqualify me/us from residency/ownership of the community Kings Gate Park.

Phone/Cell# _____

Print Full Legal Name: _____

Maiden Name: _____ Social Security Number: _____

.Street Address: _____

City: _____ St: _____ Zip: _____

Previous address (es): (If less than 7 years at current address. Use additional paper if necessary.)

Street Address: _____

City: _____ St: _____ Zip: _____

Date of Birth: _____ Birth Place: _____ Country: _____

DL Number: _____ State: _____

Have you ever been arrested, convicted or adjudicated of a crime?: _____

If you answered yes to the above question please give details, dates and location(s):

Signature: _____ Date: _____

Revision: 06/28/2018



Beacon Background Screening Services, LLC

1525 S. Tamiami Trail Suite #603, Venice, FL 34285

Tel (941) 408-1788 Toll free (866) 408-1788

Fax (941) 408-1784

Background check
CANADIAN

CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

(Please Print) (To be completed by applicant)

Surname (Provide previous name(s) prior to application if applicable)		First Name	Second Name
Maiden Name or Other Surnames Used (if applicable):		Place of Birth (If other than Canada, please also note date of entry to Canada):	
Date of Birth (YY-MM-DD)	Sex	Phone #	Driver's Licence Number

Number	Street	Apt/Unit	City/Province/Country	Postal Code
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Provide previous addresses if you did not reside at the above address for more than five years

Number	Street	Apt/Unit	City/Province/Country	Postal Code
Number	Street	Apt/Unit	City/Province/Country	Postal Code

Note: Information is Collected and Disclosed According to Section 29(1) & 32 of the MFPPA

<p>SEARCH AUTHORIZATION:</p> <p>I HEREBY CONSENT TO THE SEARCH OF:</p> <p>A. Criminal Record (Adult)</p> <p>RELEASE AUTHORIZATION AND WAIVER Authorization to Release Clearance Report or Any Police Information</p> <p>I certify that the information set out by me in this application is true and correct to the best of my ability. I consent to the release of a Criminal Record or any Criminal Information to Group CCG and its partners.</p> <p>I hereby release and forever discharge all members and employees of the Police Service from any and all actions, claims and demands for damages, loss or injury howsoever arising which may hereafter be sustained by myself as a result of the disclosure of information by the Police Service to Group CCG and its partners.</p>	<p>Signed this _____ day of _____, 20____</p> <p>X _____</p> <p>(Signature of Applicant)</p>
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Note: The presence of information does not necessarily mean the applicant will be disqualified from the position by the organization.

ORGANIZATION REQUESTING SEARCH	
X _____	X _____
Signature of Representative Verifying Applicant's ID	Type of ID viewed (Driver's license, SIN, Health Card, etc.)