

**APPLICATION**  
**PROPOSED LESSEES**  
**MATERA IV AT VASARI CONDOMINIUM ASSOCIATION, INC.**

**Instructions: Please read this application carefully and fill in all blanks. This application must be submitted with a non-refundable processing fee of \$150.00 made out to "Matera IV" at least 15 days prior to the lease of any unit. A copy of the lease agreement is required. NO NEW LEESES MAY MOVE INTO MATERA IV AT VASARI WITHOUT PRIOR APPROVAL OF THE BOARD OF DIRECTORS.**

**MAIL TO:** Schoo Association Management, LLC. 9403 Cypress Lake Drive, Suite C, Fort Myers, FL 33919

**Or**

**EMAIL TO:** [reception@samcam.biz](mailto:reception@samcam.biz) and pay all required fees online at <https://schooassociationmanagement.com>

Application date \_\_\_\_\_ Lease date - from \_\_\_\_\_ to \_\_\_\_\_

Owner Name and Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Unit # \_\_\_\_\_

Lessee's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Age \_\_\_\_\_

Current Address \_\_\_\_\_

Occupants other than applicant:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Pets? \_\_\_\_\_ If yes, what \_\_\_\_\_

Type of vehicle(s) \_\_\_\_\_ License number/State \_\_\_\_\_

\_\_\_\_\_ License number/State \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

**We agree to abide by all of the provisions and those of recorded documents and by all Rules and Regulations made pursuant thereto of Matera IV at Vasari.**

**SIGNATURE** \_\_\_\_\_ **AND** \_\_\_\_\_

NOTE: Signature(s) authorizes the Association to secure credit and other information.