

TERRACES' APPLICATION FOR APPROVAL TO LEASE A CONDOMINIUM UNIT

TERRACES CONDOMINIUM ASSOCIATION, INC. OF NAPLES
4751 GULF SHORE BLVD NORTH
NAPLES, FLORIDA 34103
239.261.1869
239.261.8457 FACSIMILE
manager@terracescondo.com E-mail

To Terraces' Board of Directors:

We (I) hereby apply for approval to lease unit ____ in the Terraces, a condominium, for the period beginning _____, 20____, and ending _____, 20____. A signed copy of the proposed lease is attached. All leases are a minimum of 90 days and a maximum of one (1) year.

A \$100.00 NON REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.

In order to facilitate consideration of this application, we (I) represent that the following information is factual and true, and agree that any falsification or misrepresentation of the facts in this application will justify its' automatic disapproval. We (I) consent to your further inquiry concerning this application, including the references named.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Applicant _____

Full name of Spouse _____

Home address _____

E-mail address _____ Home phone _____ Mobil Phone _____

Citizen of U.S.? Self ____ Spouse ____ Citizen of: _____

Nature of Business or Profession _____

If retired, former business or Profession _____

Employer _____

Position held _____

Business Address _____

Lessee's Occupancy Limitation – 2 bedroom - 4 persons, 3 bedroom – 6 persons.

Lessee's may not have pets in the leased units.

Lessees must be in residence when having guests.

Please state the name, relationship and age of family members who will be occupying the unit other than periodic guests.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address of any previous rental in Naples, Florida _____

Two personal references (known for at least 3 years) local if possible.

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Name _____ Address _____

City/State _____ Zip _____ Phone _____

Bank Reference and address _____

Have you ever been convicted of a crime involving violence to persons or property?

If so, give full details _____

Have you ever been expelled from any social organization? If so, give full details. _____

Person to be notified in case of emergency:

Name and relationship _____

Address _____ Phone _____

Make of car _____ Year _____ License _____ State _____

I understand and agree that the Association, in the event a unit is leased, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of Condominium of the Terraces, a Condominium, the Association's By-Laws, The Florida Condominium Act and the Rules and Regulations of the Association.

On receipt of this form the Board may make an appointment for a personal interview.

The prospective lessee will be advised by the Association office within a 15 day period from the date of receipt of references whether this application has been approved.

We (I) acknowledge receipt of the Terraces Condominium Documents and Amended Rules and Regulations.

Date _____

Signature _____ Signature _____

Applicant(printed name)

Applicant (printed name)

Date application received _____ By _____

Date application approved _____ By _____