

**MARINA BAY CLUB OF NAPLES CONDOMINIUM
13105 VANDERBILT DRIVE
NAPLES, FL 34110
Phone...239-592-1118 Fax...239-592-1118**

APPLICATION FOR APPROVAL OF LEASE

TO: The Board of Directors of Marina Bay Club of Naples Condominium Association

() I hereby apply for approval to lease unit _____ in Marina Bay Club of Naples, a Condominium, for the period beginning _____, 20 __ and ending 20 __ A complete copy of the signed lease is attached.

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I consent to you further inquiry concerning this application, particularly of the referenced given below and an investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of Applicant _____
Date of Birth: _____ Social Security _____

2. Full name of Spouse (if any): _____
Date of Birth: _____ Social Security _____

3. Home Address: _____

Telephone:
Home: () _____
Business: _____

4. Email of Applicant _____
Email of Spouse _____ (if applicable)

5. Nature of Business or Profession: _____

If retired, former business or profession _____

6. Company or Firm name:

7. Business Address: _____ The condominium documents of Marina Bay Club of Naples, a Condominium, restrict units to use as single-family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

9.	Name of current or most recent landlord:			
	Address:			
	City/State	Zip	Phone ()	
10.	Two personal references (local if possible)			
	Name:			
	Address:			
	City/State	Zip	Phone()	
	Name:			
	Address:			
	City/State	Zip	Phone ()	
II.	Two credit references (local if possible)			
	Name:			
	Address:			
	City/State	Zip	Phone ()	
	Account Number:			
	Name:			
	Address:			
	City/State	Zip	Phone ()	
	Account Number:			
12.	Person to be notified in case of emergency:			
	Name:			
	Address:			
	City/State	Zip	Phone ()	
13	Motor vehicle to be kept at the Condominium:			
	Model/Make:		Year:	
	License Number:			
	State:			
14.	Mailing address for notices connected with this application:			
	Name:			
	Address:			
	City/State	Zip		

15. I am aware of and agree to abide by the Declaration of Condominium of Marina Bay Club of

Naples, a Condominium, the Articles of Incorporation and Bylaws of the Association, and any and all properly promulgated rules and regulations. I acknowledge receipt of a copy of the Association rules. **NO PETS** are permitted in leased units.

This transaction is a lease, I understand and agree that the Association, if it approves a lease, 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 Marina Bay Club of Naples, a Condominium, the Association's Bylaws, and **the rules and regulations of the Association.**

The prospective purchaser will be advised by the Association office within a 30 day period from the date of receipt of application and all information and appearances requested (lessee will be advised within 20 days for leases), of whether this application has been approved. If this transaction is a lease, this application must be signed by the applicant and by the realtor or other person who acted as rental agent for the unit owner.

DATED: _____ APPLICANT: _____

A check for \$150.00, payable to Marina Bay Club of Naples Condominium Association, Inc., must accompany this application, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application. **Please mail to: Sandcastle Community Management, 9150 Galleria Ct, Naples FL 34109.**

As the rental agent for the unit owner, the undersigned agrees to be responsible for immediate correction OR prevention of any violations by the tenants of the restrictive covenants or rules applicable to the Condominium, including termination of the lease and removal of the tenant.

Realty Company if applicable)

Signature of rental agent Phone number of rental agent
agent APPLICATION APPROVED _____

Print name of rental agent

DISAPPROVED _____

DATE: _____ BY: _____

Officer or Director