

PARK SHORE LANDINGS
LEASE APPLICATION

Must be submitted 20 days prior to lease occupancy

Return to:

c/o Sandcastle Community Management
9150 Galleria Court, Suite 201
Naples, FL 34109
Tel. 239-596-7200 Fax: 239-593-4812

Date: _____

Name of Current Owner: _____ **Phone #:** _____ **Cell #:** _____

[] I (we) hereby apply for approval to lease Unit #: _____

Starting _____ **Ending** _____

Rental or Leasing Agent _____ Phone # _____ Cell #: _____

Address: _____

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

Please submit the following: (Incomplete Applications will be returned)

- a. A signed copy of the lease contract
- b. A non-refundable check for \$100.00 payable to Park Shore Landings
- c. 3 personal reference letters
- c. Number of applicants must match lease contract.
- d. A **completely** filled out application form. (Partially completed forms will **not be considered**)

Separate application and fee must be completed for co-applicants (excludes married couples)

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ **Date of Birth:** _____ **Social Security Number** _____

Full Name of Spouse: _____ **Date of Birth:** _____

Current Home address: _____

Street number / name

City

State, Zip code

Phone #: _____ **Cell Phone#:** _____ **Email:** _____

Current employer: _____ **Position Held:** _____

Employer's Address: _____ **Tel. Number:** _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

ARE ANY OF THE PERSONS LISTED ABOVE SERVICE MEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES, AS DEFINED IN S. 250.01, FLORIDA STATUTES? _____ YES _____ NO

If you answered yes, please provide a copy of the military identification along with this application.

No commercial or oversized vehicles or motorbikes allowed. See additional information in section 7.4 of the Park Shore Landings Condominium Associations, Inc, Documents.

Make of Car: _____ Year: _____ License No. _____ State: _____

Second car: _____ Year: _____ License No. _____ State: _____

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes _____ No _____

If yes, give details and dates _____
(Please use the back of this page if more space is needed.)

I have received, read and agree to abide by the Declaration, By-Laws, Amendments, Articles of Incorporation and the Rules and Regulations of Park Shore Landings

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

TENANTS MAY NOT HAVE PETS

Tenants Initials _____

The prospective tenant(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

Occupancy prior to Board of Directors approval is prohibited.

The tenant(s) will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood and agree to all of the statements above.

Applicant signature: _____ **Printed Name:** _____ **Date** _____

Applicant signature: _____ **Printed Name:** _____ **Date** _____

Acceptance on behalf of Park Shore Landings

Approved: _____

Disapproved: _____

*Signature of Authorized Representative
For the Board of Directors*

Date: _____

**Sandcastle Community Management
Character Reference Form**

Date: _____

Applicant's Reference's Name: _____

Street Address: _____

City, State, Zip: _____

Re: Applicant's Name: _____

Association Applying to: _____

To Whom It May Concern:

The applicant(s) names above is applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the applicant. This completed Character Reference Form **MUST** be sent with the application in order for the Board to approve their purchase or lease. Thank for your assistance in this matter?

Yours truly,

Sandcastle Community Management

How do you know the applicant(s)? _____

For how long have you known the applicant(s)? _____

In your opinion, would the applicant(s) make a good neighbor? Yes No

Please describe the applicant(s) character and stability, as you know them: _____

Reference's Signature

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Character Reference Form**

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City, State, Zip: _____

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