

CORAL FALLS RESORT CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR LEASE APPROVAL

I hereby apply for approval to lease Unit # _____ at _____ Celeste Drive in Coral Falls Resort, a condominium home in the Lely Resort Association. **A complete and legible copy of the signed lease agreement 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 or misrepresentation of this application will justify its disapproval. I consent to your further inquiry considering this application, particularly of the references given below.

If a Real Estate Agency was used, please list agency name, telephone number, fax number, and agent:

1. The full name of the Applicant: _____

2. Full name of Spouse (if any): _____

3. Home Address: _____

Phone (Hm): _____ Phone (Bus): _____

4. Length of Lease: Date From: _____ Date To: _____

5. The Association Documents of Coral Falls Resort, a Condominium Home, provide an obligation of unit owners that all units are to be used as single family residences only. Please state name, relationship and age of all other persons who will be occupying the unit on a regular basis:

Name: _____ Relationship to Lessee: _____ Age: _____

Name: _____ Relationship to Lessee: _____ Age: _____

Name: _____ Relationship to Lessee: _____ Age: _____

Name: _____ Relationship to Lessee: _____ Age: _____

6. Two personal references (non-family members, local, if possible):

Name: _____ Name: _____

Address: _____ Address: _____

City/State: _____ City/State: _____

Phone: _____ Phone: _____

7. Car(s) to be kept at Coral Falls:

Make/Model/Color: _____ State: _____ License #: _____

Make/Model/Color: _____ State: _____ License #: _____

8. Person to be notified in Case of an Emergency: _____

Address: _____

I agree that I am leasing this condominium at Coral Falls at Lely for myself and only for the purpose of residential use. I am aware of, and agree to abide by the Declaration of Condominium of Coral Falls Resort Condominium Association, the Articles of Incorporation, Bylaws and any and all properly promulgated rules and regulations.

I acknowledge receipt of the Association rules and regulations _____ *(initials).*

Collier County requires Registration of Rental Units. Please contact Code Enforcement Division at 239-213-5030 to obtain an application and certificate, prior to use of a rental dwelling unit.

Pursuant to Article 16.03 of the Declaration of Condominium, this completed application and a copy of the lease agreement must be received by the Association Board of Directors at least 10 days prior to the lease term.

**Mail to: Coral Falls Resort Condominium Association Inc.
C/o Sandcastle Community Management, Inc.
P.O. Box 8478
Naples, FL 34101-8478**

Or Fax to: 239-593-4812 Phone: 239-596-7200

Dated: _____ Applicant: _____

Applicant: _____

ACTION TAKEN BY BOARD OF DIRECTORS

Approved Disapproved Date: _____

By: _____
(Board Member or Property Manager)

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE ABOVE APPLICATION