

**LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.**

**APPLICATION FOR APPROVAL OF LEASE**

TO:

The Board of Directors of Lakeside Lake Homes Neighborhood Association, Inc.

I hereby apply for approval to LEASE \_\_\_\_\_ in  
Lakeside Lake Homes Neighborhood Association for the period beginning  
\_\_\_\_\_ 20\_\_\_\_, and ending, \_\_\_\_\_ 20\_\_\_\_.

A complete copy of the signed lease is attached. Minimum lease term is thirty (30) days no more than three (3) times a calendar year. Tenants and guests of tenants may not keep pets of any kind in leased units.

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 your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background.

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

1. Full name of Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
2. Full name of Spouse (if any): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Telephone: Home: ( ) \_\_\_\_\_  
Business: ( ) \_\_\_\_\_  
Cell: ( ) \_\_\_\_\_
4. Social Security number of Applicant: \_\_\_\_\_  
Social Security number of Spouse: \_\_\_\_\_
5. Nature of Business  
or Profession: \_\_\_\_\_  
If retired, former  
business or profession: \_\_\_\_\_
6. Company or Firm name: \_\_\_\_\_
7. Business address: \_\_\_\_\_
8. The documents of Lakeside Lake Homes Neighborhood Association restrict units to use as single family residences only.

9. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis.

<u>Print Name</u>	<u>DOB</u>	<u>Relationship</u>	<u>Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Signatures are required of all additional persons over the age of 18 who will be occupying the residence on a regular basis). By signing above as an adult occupant who will be residing in the unit on a regular basis, I do hereby consent to a criminal and financial investigation into my background.

10. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

11. Two personal references (local if possible)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone(    ) \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

12. Person to be notified in case of emergency:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (    ) \_\_\_\_\_

13. All motor vehicles to be kept at the property:

No trucks, recreational vehicles, or other motor vehicles, except four-wheel passenger automobiles or vans, as determined by the BOD shall be placed, parked or stored upon any site, the Master common areas or in the Neighborhood common areas. Violators are subject to be towed at their own expense. Notwithstanding the foregoing, trucks or service vehicles may be parked in Lakeside of Naples after 6:00 AM and before 12:00 AM daily.

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14. Vehicle #1  
Model/Make: \_\_\_\_\_ Year: \_\_\_\_\_  
License Number: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle #2  
Model/Make: \_\_\_\_\_ Year: \_\_\_\_\_  
License Number: \_\_\_\_\_ State: \_\_\_\_\_

15. Mailing address for notices connected with this application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

16. I am aware of, and agree to abide by the Bylaws, Articles of Incorporation and the Rules and Regulations for Lakeside Lake Homes Neighborhood Association, Inc. I also am aware and agree to abide by the Declaration of Covenants, Conditions and Restrictions for Lakeside of Naples and the Bylaws, Articles of Incorporation and Summary of Restrictions, Rules and Regulations for Lakeside Residents Association, Inc., (LNRA) and any and all other properly promulgated rules and regulations. Guest occupancy is restricted in the absence of the owner or tenant.

17. Tenants and guests are prohibited from having pets.

The prospective lessee (tenant) will be advised by the Association office within a 15 day period from the date of receipt of application and all information and appearances requested, of whether this application has been approved. If this transaction is a Lease, this application must be signed by the lessee applicant and by the owner, realtor or other person who acted as rental agent for the unit owner. I lessee (tenant) 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 Association's Declaration, Bylaws, and the rules and regulations of the Association. I lessee (tenant) also understand and agree that if the lease to the unit is approved and any special assessment or installment of a regular assessment or any other monetary obligation due to the Association for a unit remains unpaid for at least thirty (30) days after the due date and a Claim of Lien has been recorded against the unit, then upon written notice mailed to both the owner and the lessee of such delinquency, both the owner and I lessee (tenant) agree that all future lease payments due under the lease shall be paid by the lessee (tenant) directly to the Association until such time as the Association notifies both the owner and lessee (tenant) that all sums due the Association have been paid in full. Such lease payments shall be funds of the Association to be utilized for any Association purpose at the discretion of the Board and shall only be remitted to the owner if full payment of all amounts due the Association have been paid by the owner and a Satisfaction of Claim of Lien has been recorded.

DATED \_\_\_\_\_

\_\_\_\_\_  
Applicant

DATED \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant

**A check for \$150, payable to Lakeside Lake Homes Neighborhood 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.**

As the rental agent for the unit owner or 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 Neighborhood Association including termination of the lease and removal of the tenant.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Realty Company (if applicable)

\_\_\_\_\_  
Signature of rental agent

\_\_\_\_\_  
Phone number of rental agent

\_\_\_\_\_  
Print name of rental agent

APPLICATION APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

Officer or Director or Authorized Representative

Please return all completed paperwork to:  
Lakeside of Naples Residents Association, Inc.  
c/o Ability Management  
6736 Lone Oak Blvd  
Naples, FL 34109  
(239) 591-4200  
yvonne@abilityteam.com