LAKESIDE PATIO HOMES NEIGHBORHOOD ASSOCIATION, INC.
Lakeside of Naples Management Office
7600 Airport Road North
Naples, FL 34109

APPLICATION FOR *RENEWAL* OF LEASE

PLEASE TYPE OR PRINT LEGIBLY. PLEASE ATTACH FULLY EXECUTED LEASE AGREEMENT.

ADDRESS TO LEASE:_____

RENEWAL LEASE PERIOD FROM: _____/_____/_____ TO _____/_____/_____

APPLICANT'S NAME:_____

_____

CURRENT ADDRESS:_____

_____

HOME/CELL PHONE #: _____ BUSINESS PHONE #:_____

E-MAIL:_____

EMPLOYER: _____
(Name of Company) (Phone)

SPOUSE'S EMPLOYER:_____
(Name of Company) (Phone)

VEHICLES: _____
(Year) (Make) (Model) (License #) (State)

VEHICLES: _____
(Year) (Make) (Model) (License #) (State)

WILL ANYONE ELSE BE LIVING IN THE UNIT WITH YOU OR YOUR SPOUSE?

___Yes ___No. (Association Documents state that units are for single family residence only). Please state name, relationship of all others who will be residing with you:

Name:_____ Relationship:_____ Age:_____

Name:_____ Relationship:_____ Age:_____

Name:_____ Relationship:_____ Age:_____

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE (5) YEARS ___Yes ___No (If yes, please explain on a separate sheet of paper and attach hereto.)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____

_____

If accepted for occupancy, I/(we) agree to abide by the Declaration of Covenants, Conditions and Restrictions; Rules and Regulations and Frequently Asked Questions for Lakeside Patio Homes Neighborhood Association, Inc. and the Master Declaration of Covenants, Conditions and Restrictions for Lakeside Residents Association, Inc. (LNRA) and understand that I am bound by the terms thereof. (These documents are available at the Lakeside Management Office and/or on the web-site 'Lakesideofnaples.com'.) Upon approval, the Association is authorized to act as the Owner's agent.

It is expressly understood that **NO SUB-LEASING** is allowed and that I/ (we) will not allow guests to occupy the unit or use the amenities in my/(our) absence. Tenants are not allowed to keep pets of any kind.

DATE:_____ APPLICANT: _____

APPLICANT: _____

==========

OWNER'S NAME:_____

FIRM HANDLING LEASE:_____

AGENT:_____ PHONE #:_____

DATE:_____EMAIL (If Any):_____

As the owner/leasing agent, I agree to assist in the correction of any violations by the tenants and assist in the termination of the Lease and/or removal of the tenants if a situation so presents itself.

_____
Signature of Owner or Agent

(PLEASE ATTACH REAL ESTATE AGENT'S CARD HERE)

++

Board Approval
Approved:_____Disapproved:_____Date:_____

Board of Director's Signature:_____Title:_____

Please return all paperwork to:

LAKESIDE OF NAPLES RESIDENTS ASSOCIATION, INC.
7600 Airport Road North
Naples, FL 34109
(239) 591-1661 (Office)
(239) 594-5405 (Fax)