



12250 Tamiami Trail E. Suite 207
Naples, FL. 34113
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www.vestapropertyservices.com/sw

**AVALON OF NAPLES I CONDOMINIUM ASSOCIATION, INC.
APPLICATION FOR LEASE OF UNIT**

Term of lease: _____ Start date: _____ End date: _____

Unit owner(s) name(s): _____

Unit address: _____

Lessee and co-lessee information (please print):

Lessee legal name: _____

Date of birth: _____ Driver's license number: _____

Phone number: _____ Cell number: _____

Work phone number: _____ E-mail address: _____

Current occupation: _____ Phone number: _____

Co-Lessee/spouse legal name: _____

Date of birth: _____ Driver's license number: _____

Phone number: _____ Cell number: _____

Work phone number: _____ E-mail address: _____

Current occupation: _____ Phone number: _____

List all persons who will be in residence: _____

Current landlord name and phone number (if applicable): _____

Vehicle make/model: _____ Year: ____ Color: _____ License Plate: _____

Vehicle make/model: _____ Year: ____ Color: _____ License Plate: _____

A copy of the lease agreement, two personal reference letters with current phone numbers, a check or money order in the amount of \$100.00 for non-refundable application fee and a check or money order in the amount of \$40.00 per person for credit and background check made payable to “Avalon of Naples I Condominium Association” must all be attached to this application and sent to the Association in care of Vesta Property Services, 12250 Tamiami Trail E. Suite 207 Naples, Fl. 34113. This application will NOT be reviewed unless and until, all fees and information are submitted.

The information as described above must be submitted at **least twenty (20) days** prior to the starting lease date. By submitting this application, I consent to the Association performing a criminal background check and a credit check. I understand that my application may be denied by the Association based upon background information obtained.

A unit shall not be leased or rented without the prior written approval of the Association, which approval shall not be unreasonably withheld, provided however, that a unit owner shall be prohibited from leasing his/her unit (a) **more than three (3) times per calendar year** and (b) **for a term of less than thirty (30) days**. Subleasing of a unit is **NOT** permitted.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. (ANY INTENTIONAL MISREPRESENTATIONS SHALL BE A BASIS FOR AUTOMATIC DISAPPROVAL). I/WE UNDERSTAND THE APPLICATION FEE IS NONREFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS, AND ALL PROPERLY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT(S) IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS.

I/WE ACKNOWLEDGE THAT I/WE MAY NOT OCCUPY THE PREMISES PRIOR TO RECEIVING APPROVAL TO DO SO FROM THE ASSOCIATION.

IF, AT ANY TIME DURING THE TERM OF MY LEASE, THE OWNER/LANDLORD BECOMES DELINQUENT IN THE PAYMENT OF ASSESSMENTS TO THE ASSOCIATION, THE ASSOCIATION MAY MAKE A DEMAND UPON ME, AND I WILL FORWARD ALL RENT PAYMENTS AFTER THE DATE OF THE DEMAND TO THE ASSOCIATION UNTIL THE ASSESSMENTS ARE PAID IN FULL, PURSUANT TO FLORIDA STATUTES SECTION 718.116(11)(a).

**LESSEES SHALL NOT BE ALLOWED TO BRING PETS ONTO THE CONDOMINIUM
PROPERTY WITHOUT ADVANCE APPROVAL OF THE ASSOCIATION.**

NO COMMERCIAL VEHICLES ARE TO BE KEPT ON THE PROPERTY

Print Name: _____ Applicant signature: _____ Date: _____

Print Name: _____ Co-applicant signature: _____ Date: _____

A copy of the approved application should be sent to the following:

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved: _____ or Disapproved: _____

By: _____ Date: _____

Copy of lease attached: Yes ____ No ____

Copy of two personal references attached with telephone number: Yes ____ No ____

Check or money order for \$100.00 non-refundable application fee: Yes ____ No ____

Reason for action taken: _____
