

STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

c/o Florida Coastal Association Management

3806 Exchange Ave

Naples, FL 34104

PHONE 239-331-3772

APPLICATION FOR LEASE

REQUIREMENTS

1. Application must be submitted AT LEAST 2 weeks prior to arrival.
2. **Tenants and guests are NOT permitted to have pets.**
3. Condominium documents restrict leases to a minimum length of three months and specify that all units are for family residence use only.
4. Submit this application, a copy of the lease, and a check for \$50.00 payable to Florida Coastal Association Management AND a check for \$100 payable to Steeplechase Condominium Association.

OWNER

Unit number _____ Street address _____ Aintree Lane

Owner's name _____

Phone# _____ Owner's email _____

I/We hereby apply for approval to lease the above unit for the period beginning _____ and ending _____

APPLICANT

Full name of applicant _____ Date of birth _____

Full name of co-applicant _____ Date of birth _____

Applicants' street/city/state address _____

Phone _____ Email _____

Names and relationship of all persons who will be occupying this unit.

Name

Relationship

Make of automobile _____ License tag# _____

Make of automobile _____ License tag # _____

List two personal references, preferably Naples residents:

1. Name _____
Address _____
City/State _____ Zip _____

2. Name _____
Address _____
City/State _____ Zip _____

List two recent landlords, one from Naples if available:

1. Name _____
Address _____
City/State _____ Zip _____

2. Name _____
Address _____
City/State _____ Zip _____

Person to be notified in case of emergency

Name _____
Address _____
City/State _____ Zip _____
Email _____

- _____ (✓) Applicant has received the Steeplechase Welcome Handbook.
_____ (✓) Applicant has received the Steeplechase Rules and Regulations.
_____ (✓) **Applicant does NOT have pets.**

*****Firm/Agent or Owner to notify of approval:** _____

*****EMAIL** _____ **Phone** _____

I/We understand, agree and authorize that the Association or its agents, in the event it approves a lease, is authorized to act as the unit owner's agent, with full power of authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, or provisions to the Declaration of Condominium and the Association's By-Laws, the Florida Condominium Act, and the Rules and Regulations of the Association.

I/We understand and agree that the validity of this lease is subject to the approval of the Association's Board of Directors and that the Leased premises may not be occupied prior to such approval.

Applicant's Signature

date

Applicant's Signature

date

ASSOCIATION APPROVED _____

DISAPPROVED _____

Authorized Signature

date

Print name of authorized person

Title

When completed and approved this application must be attached to the lease.
