STEEPLECHASE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Cambridge Property Management of Southwest Florida 2335 Tamiami Trail, Suite 402 Naples, FL 34103 Phone (239) 249-7000

APPLICATION FOR OWNER TO LEASE

Approval is hereby requested for owner to lease his/her condominium to the renter designated below with the understanding that the following Steeplechase rental requirements and restrictions must be met:

GENERAL REQUIREMENTS

- 1. Application must be submitted AT LEAST 2 weeks prior to arrival.
- 2. Tenants and their guests are NOT permitted to have a Truck.
- 3. Tenants and their guests are NOT permitted to have pets.
- 4. Owners acquiring their condominium after January 2024 cannot rent them for a period of 2 years from closing date.
- 5. A ten-unit cap on the permitted number of rented units at any one time is in effect for any owner acquiring their condo after January 2024.
- 6. Condominium rules restrict leases to a <u>minimum length of three months</u> and specify that all units are for family residence use only.
- 7. Submit this application, a copy of the lease and lease check list, a non-refundable check of \$150 for application fee payable to Steeplechase Condominium Association, Inc.

OWNER

Unit number	Street address	Aintree Lane
Owner's name		
Phone#	Owner's email	
I/We hereby apply for approv	val to lease the above unit for the p	period beginning
	and ending	

RENTER INFORMATION

Full name of renter		Date of birth		
Full name of co-renter		Date of birth		
Renter's Permanent Address:				
Street:	City	State	Zip Code	
Phone:	Email:		_	
Names and relationships of all	persons who will be occ	cupying this unit.		
Name:		Relationship:		
Name:		Relationship:		
Name:		Relationship:		
Make of automobile	ile		License tag#	
Make of automobile	L		License tag #	
List two personal reference	es, preferably Naples	residents:		
Name:				
Address:				
City/State:		Zip:		
Name:				
Address:				
		Zip		

List two recent landlords, one from Naples if available: Name:____ Address: City/State: _____ Zip: _____ Name: ______ Address: _____ City/State: _____ Zip: _____ Person to be notified in case of emergency Name _____ City/State _____ Zip _____ Email______Phone: **Owner's Initials Below:** _____(\bigsilon) Renter has received the Steeplechase Welcome Handbook. _____(\mathscr{B}) Renter has received the Steeplechase Rules and Regulations. _____(\bigsilon) Renter does NOT have pets.\bigsilon (♥) Renter does NOT have a truck. ***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 renters 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.

Owner's Signature:	Date:
Owner's Signature:	Date:
ASSOCIATION APPROVED	DISAPPROVED
Authorized Signature:	Date:

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