

**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 LEASE**

**REQUIREMENTS**

1. Application must be submitted AT LEAST 2 weeks prior to arrival.
- 2. Tenants and guests are NOT permitted to have a Truck.**
- 3. Tenants and guests are NOT permitted to have pets.**
4. Condominium documents restrict leases to a minimum length of three months and specify that all units are for family residence use only.
5. Submit this application, a copy of the lease, 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 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 \_\_\_\_\_

*revised 2023-03-03*

*Application for Lease 1 of 4*

Applicants' street/city/state address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Name

Relationship

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.**

\_\_\_\_\_ **( ) Applicant 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 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.

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Applicant's Signature

date

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Applicant's Signature

date

**ASSOCIATION APPROVED** \_\_\_\_\_

**DISAPPROVED** \_\_\_\_\_

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Authorized Signature

date

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Print name of authorized person

Title

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

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*revised 2023-03-03*

*Application for Lease 4 of 4*