# PELICAN RIDGE OF NAPLES, INC. RENTAL APPLICATION

Amended August 1, 2014

Owner of Record	d		Address	#	
Term of Lease:	From		To		
NOTE: Lease t	erm is a minimum	of thirty (30) days. red enclosures, to allo EXCEPTIONS WIL	Please submit	this form twenty (	(20) days
Applicants Nam	e:				
Spouse/Partners	Name:				-
		side in the unit:			
In addition, if	E: All occupants of the occupant of the occupants occupants of the occupants occupan	over the age of 18 M of the unit change	IUST have a cr	iminal backgroun	ıd check
Applicants Addr	ess:				
Phone #:		Email:			
Employer:					
		Address: enter former business			
		dress:			
Financial Refere	nce:				
SUBMITTED Y	WITH APPLICAT	ETTERS OF PE FION. (Letters waiv	ved for repeat te	nants. Please ind	
Auto #1: N	ſake:	Color:	Yr:	Tag:	
Auto #2:	ſake:	Color:	Yr:	Tag:	

### PELICAN RIDGE OF NAPLES APPLICATION, PAGE 2

\*\*Limit two (2) vehicles per Unit. The first vehicle must be parked in the garage with the second vehicle behind it. Pick up trucks must be parked in garage with door closed at all times.

#### NO PETS ALLOWED.

It is understood that the Association will do a criminal background check and according to the Documents, you could be denied application depending on the outcome. I/We acknowledge receipt of and have read and agree to abide by the Protective Covenants, By-Laws and Rules and Regulations for Pelican Ridge of Naples, Inc. DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: (Please attach a copy of your driver's license and a copy of the lease agreement) SIGNATURE OF AGENT OR UNIT OWNER: DATE: UNIT # Name of Rental Agency: \_\_\_\_\_ Phone #: Please return FULLY COMPLETED APPLICATION, COPY OF EXECUTED LEASE, \$150.00 NON-REFUNDABLE APPLICATION FEE MADE PAYABLE TO PELICAN RIDGE OF NAPLES, PAGE 5 OF THE SIGNED RULES AND REGULATIONS, TWO LETTERS OF PERSONAL REFERENCE AND A COPY OF YOUR LEASE TO: GULF VIEW PROPERTY MGMT, INC. 2335 9<sup>TH</sup> STREET NORTH #505 NAPLES FL 34103 239-403-7991 FAX 403-7992 ACTION OF BOARD OF DIRECTORS APPROVED: \_\_ DISAPPROVED: \_\_\_ DATE: \_\_\_ BY:

Association President, Officer or Manager



## APPLICATION FOR CRIMINAL REPORT APPLICATION FOR CREDIT REPORT

(Check box for requested reports)

Applicant 1 – Print Name			
Applicant 1 – SSN	Applicant 1 - DOR		
Applicant 1 – Contact Information			
Applicant 1 – Current Address			
City	State	Zip_	
Applicant 2 – Print Name			
Applicant 2 – SSN	Applicant 2 - DOB		
Applicant 2 – Contact Information			
Applicant 2 – Current Address		***************************************	
City	State	Zip	
REQUESTING ASSOCIATION:			
FAX REPORT TO:			
E-MAIL REPORT TO:			
I/We certify that having read the above application and agree your agents to obtain a criminal and or credit report for tenance.	e all information therein i y or ownership.	is true and o	correct. I/We authorize
Applicant 1 – Signature			Date Signed
Applicant 2 – Signature		1	Date Signed
FOR OFFICE	USE ONLY		
Type of report requested (check one): SINGLE	JOINT		
Submitted By:			Account #137200

Dina M. Schleifer ~ Dan C. Collardey ~ Donald M. Schleifer, II FL Lic. # A2300138 ~ www.lslandEyesPl.com ~ info@lslandEyesPl.com 848 Bald Eagle Dr., Marco Island Fl 34145 Office (239) 970-0435 ~ 24hr Line (239) 272-0058 ~ Fax (239) 393-2614

# INTERNATIONAL (2P9)

### Consent to Disclose and Release Personal Information

Тур	e or print clearly, ille	scann egible information cannot be p	ed ID (use scanne rocessed.	r, camera or smart p	hone. Faxed ID is not clear)
A. Company Name Island Eyes Investigative Client Account o		Receipt #:			
	Company Address		ale Drive		
R	Applicant Informa				
autr	orize the above named	company through its "Agent" to obtain	n information regarding:		
2 0	Consumer credit report u	elate to me maintained on CPIC by the which relates to me, and/or;	e RCMP or Police files f	rom any law enforcement a	agency, Canadian or otherwise;
3. F	Please enter the Province	e for which you need a Driver's abstra	not/none and for an in t		
			actirecord from in box:		
	se check appropriate b				
1	Jiminal Records	Credit Bureau Report Feduca	tion/Professional Accre	ditation   Driver's Abs	tract Employment/ Reference
my at action proce	oility. I hereby release the ns, claims and demands for ssing Police Department to olice provider and CPIC	above named company, and forever dis or damages, loss or injury howsoever a or the organizations listed herein. Person	charge all members and entring which may hereafter the may hereafter all Information is Collection	phormation set out by me in phologous of the processing Poer be sustained by myself as ted and Disclosed according	amed company, the party requiring the security in this application is true and correct to the best of slice Department; and its Agents from any and all a result of the disclosure of information by the g to all federal and provincial laws that apply,
Appli				rough marriage, divorce	or other regal changes
hbii	can.	di Managaran da a da managaran da da managaran da	J		
- ^ alala		ST/SURNAME	FIRST	MIDDLE	MAIDEN/FORMER SURNAMES OR NAME CHANGES
Addre	ess:				
		STREET / PO BOX / RR #	CITY	/PROVINCE/STATE	POSTAL CODE / ZIP CODE
Tolo	phone #:	Personal Company of the Company of t	economic and a seconomic and a		7 0017/2 0002/21/ 0002
1010	priorie #.	1 10 10 10 10 10 10 10 10 10 10 10 10 10	Male	Female	Driver's Lic#
Date	of Birth:		Place of Birth :		SIN/SSN
	YEAR	MONTH DAY			
C	Self Declaration Sec		(	ITY / PROVINCE / COUNTRY	
•		(			
Have	you ever been convic	ted of a criminal offence in Canad	a or do you have any p	ending criminal charges	awaiting court dates Yes No
(If ye	es provide all Canadian	criminal convictions and pending	criminal charges on F	orm B and attach with th	is consent. These will be verified)
D.	Applicant Signature	Section			
By s	sianina this walver I ack	nowledge full understanding of the au			
		nowledge full understanding of it's co			onsent.
~PF	meant's Signature			Date:	
Ema	ail Address: (REQUIRE	D):			
		1 - 2 - 2			
	Witness Section				от при
of I	D MUST accompany no control over th	this form. <u>If the copies are</u> is requirement. (Please ma	ent issued photo II not legible, they ca ke sure your scan	of applicant and sca unnot be processed a your IDs before send	ly member by comparing 2 pieces anned legible copies of both pieces nd will be returned. CSI Screening ling, or use smart phone or digital ening.com with consent form)
	Canadian Driver's Li		Citizenship Card		arms Acquisition Certificate
	Foreign Driver's Lice	Family 1	nt Resident (PR) Card		eral, Provincial or Municipal ID Card
Γ	Canadian Passport		e of Indian Status		ary Family ID Card
Γ	Foreign Passport		dentity Card - Foreign	Institute	B ID Card
	Health cards issued				e for photo identification purposes
indi	NESS NOTE: I sole comparing two auth	mnly declare by my true sign norized pieces of ID, one of w applicant and that the photo	ature that I am not hich was an author	the applicant and ha	ve verified the applicant's identity
Witn	ess Signature :	F	rint:	Date:	Telephone:

# FORM B - Declaration of Criminal Record and Pending Criminal Charges

Applicants should not declare a conviction for which the applicant has received:

- A Pardon in accordance with the Criminal Records Act
- A conviction where the Applicant was a "young person" under the Youth Criminal Justice Act
- An absolute or conditional discharge pursuant to section 730 of the Criminal Code
- An Offence for which the Applicant was not convicted, <u>unless criminal charges are</u> <u>currently pending</u>

Declaration of Criminal Record does not constitute a Certified Criminal Record by the RCMP. Declaration of Criminal Record may not contain all criminal record convictions. A certified Criminal Record can only be issued by CCRTIS based on the submission of fingerprints to the RCMP National Repository of Criminal Records.

I declare the following conviction(s) or pending charges for offences.

	Date of Sentence or Charge	Place of Offence	Charge	The second of th
1				
2				ANIMATAN PARAMETERS
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4				
5	The state of the s			
6		The state of the s	The state of the s	
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9	***************************************			
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11.	A STREET, The contract of the state and the state of the			A CONTRACTOR OF THE PARTY OF TH
12	The state of the s			

12	
PRINT NAME HERE	
I hereby declare that the information provided on thi knowledge and belief. I acknowledge that this is not	s form is true and correct to the best of a Certified Criminal Record.
Signature of Applicant	Date

Form B Version 1.9 (July 15, 2013)