

**PELICAN RIDGE OF NAPLES, INC.**  
**RENTAL APPLICATION**  
**Amended August 1, 2014**

Owner of Record \_\_\_\_\_ Address # \_\_\_\_\_

Term of Lease:        From \_\_\_\_\_ To \_\_\_\_\_

NOTE: Lease term is a minimum of thirty (30) days. Please submit this form twenty (20) days prior to occupancy, with all required enclosures, to allow for processing time. Approval must be received prior to occupancy. **NO EXCEPTIONS WILL BE MADE.**

Applicants Name: \_\_\_\_\_

Spouse/Partners Name: \_\_\_\_\_

List all occupants (with ages) to reside in the unit: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: All occupants over the age of 18 MUST have a criminal background check. In addition, if the occupants of the unit change, management must be notified and a background check may be required.**

Applicants Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

(NOTE: If retired, enter former business or profession above)

Spouse/Partner Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Financial Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Personal References: **TWO LETTERS OF PERSONAL REFERENCE MUST BE SUBMITTED WITH APPLICATION.** (Letters waived for repeat tenants. Please indicate unit and previous dates of occupancy). \_\_\_\_\_

Auto #1:        Make: \_\_\_\_\_ Color: \_\_\_\_\_ Yr: \_\_\_\_\_ Tag: \_\_\_\_\_

Auto #2:        Make: \_\_\_\_\_ Color: \_\_\_\_\_ Yr: \_\_\_\_\_ Tag: \_\_\_\_\_

**\*\*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.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(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 #: \_\_\_\_\_

Address: \_\_\_\_\_

**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

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**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 - DOB \_\_\_\_\_  
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 all information therein is true and correct. I/We authorize your agents to obtain a criminal and or credit report for tenancy or ownership.

Applicant 1 - Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
Applicant 2 - Signature \_\_\_\_\_ 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.IslandEyesPI.com ~ info@IslandEyesPI.com  
848 Bald Eagle Dr., Marco Island FL 34145  
Office (239) 970-0435 ~ 24hr Line (239) 272-0058 ~ Fax (239) 393-2614



**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, **unless criminal charges are currently pending**

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
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

PRINT NAME HERE \_\_\_\_\_

I hereby declare that the information provided on this form is true and correct to the best of knowledge and belief. I acknowledge that this is not a Certified Criminal Record.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date