

G. B. S Condominium

LEASE APPLICATION

Must be submitted 10 days prior to lease occupancy

Return to: c/o Sandcastle Community Management
9150 Galleria Court, Suite 201
Naples, FL 34109
Tel. 239-596-7200 Fax: 239-593-4812

Date: _____

Name of Current Owner: _____ Phone #: _____ Cell #: _____

[] I (we) hereby apply for approval to lease Unit #: _____

Starting _____ Ending _____
(1 month minimum, 12 month maximum)

Rental or Leasing Agent _____ Phone # _____ Cell #: _____

Address: _____

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

Please submit the following: (Incomplete Applications will be returned)

- a. A signed copy of the lease contract
- b. A non-refundable check for \$100 made payable to G.B.S Condominium
- c. Security Deposit of \$1,200 (or 1st months' rent whichever is less) payable to G.B.S Condominium by tenant
(Checks must be separate and security deposit must be certified)
- d. Photo copy of driver's licenses
- e. Number of applicants must match lease contract.
- f. A completely filled out application form. (Partially completed forms will not be considered)

Separate application and fee must be completed for co-applicants (excludes married couples)

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: _____ **Date of Birth:** _____

Full Name of Spouse: _____ **Date of Birth:** _____

Current Home address: _____

Street number / name

City

State, Zip code

Phone #: _____ **Cell Phone#:** _____ **Email:** _____

Current employer: _____ **Position Held:** _____

Employer's Address: _____ **Tel. Number:** _____

Citizen of U.S.? _____ **If no, submit document copy of residency authorization or passport photo page.**

ARE ANY OF THE PERSONS LISTED ABOVE SERVICE MEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES, AS DEFINED IN S. 250.01, FLORIDA STATUTES? _____
YES _____ NO _____

If you answered yes, please provide a copy of the military identification along with this application.

Make of Car: _____ Year: _____ License No. _____ State: _____

Second car: _____ Year: _____ License No. _____ State: _____

The documents of the associations provide for the obligation of homeowners that all living units be used as single-family residence only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

In case of emergency notify _____ Tel# _____ Relationship _____

Address _____ City _____ State & Zip _____

Have you the applicant(s) ever been convicted of a felony: No _____ Yes _____ (please explain) _____

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes _____ No _____

If yes, give details and dates _____
(Please use the back of this page if more space is needed.)

I have received, read and agree to abide by the Declaration, By-Laws, Amendments, Articles of Incorporation and the Rules and Regulations of G.B.S Condominium

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The prospective tenant(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

Occupancy prior to Board of Directors approval is prohibited.

The tenant(s) will be advised by the Association's Management whether this application has been approved.

I (we) have read, understood and agree to all of the statements above.

Applicant signature: _____ **Printed Name:** _____ **Date** _____

Applicant signature: _____ **Printed Name:** _____ **Date** _____

Acceptance on behalf of G.B.S Condominium

Approved: _____

Disapproved: _____

*Signature of Authorized Representative
For the Board of Directors*

Date: _____

G.B.S Condominium

Pet Addendum

Pets are not permitted on any part of the common Elements (except a balcony or terrace appurtenant to the Unit of the animal's owner) except when they are leashed and being walked or transported directly off the Condominium Property or directly to their owner's unit.

*No animals, except two dogs or two cats or one dog and one cat, shall be maintained by any Co-owner(s).

* The animal(s) shall have such restraint so as not to be obnoxious or offensive on account of noise, odor or unsanitary conditions.

* No animal(s) shall be permitted to run loose at any time and some responsible person shall at all times attend any animal(s).

* Deposits of fecal matter shall be made only in those area specifically designed for such purpose. Fecal matter must be disposed of at time of deposit.

Name: _____ Type/Breed: _____ Color: _____ Weight: _____
(May not add up to 70lbs)

Name: _____ Type/Breed: _____ Color: _____ Weight: _____
(May not add up to 70lbs)

A copy of the Registration Form, current Vaccination Records, and Photos are required for all pets listed above.

_____ I/ We agree to abide by the above.

_____/_____

_____ I/ We do not have pets.

_____/_____