

# LAKESIDE HIDEAWAY CONDOMINIUM ASSOCIATION

## PURCHASE / LEASE APPLICATION

*Must be submitted 20 days prior to lessee occupancy or closing, whichever is applicable*

Return to: Lakeside Hideaway Condominium Association  
C/O The Compass Management Group, LLC.  
3701 North Tamiami Trail, Naples 34103  
Tel. 239-593-1233 Fax: 239-593-1116

Date \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

[ ] I (we) hereby apply for approval to lease:  
Starting \_\_\_\_\_ Ending \_\_\_\_\_

Rental/Leasing Agent/or Owner \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

[ ] I (we) hereby apply for approval to purchase \_\_\_\_\_  
Closing Agent \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Closing Date: \_\_\_\_\_

***Please submit the following:***

- a. A signed copy of the lease or sales contract
- b. A non-refundable check for \$100.00 payable to Lakeside Hideaway Condominium Association
- c. Two reference letters must be attached.
- d. Number of applicants must match lease contract.
- e. A completely filled out application form. (Partially completed forms will not be considered)  
*Separate applications must be completed for co-applicants (excludes married couples).*

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below.

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S.# \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Current Home address:

Street number / name \_\_\_\_\_ City \_\_\_\_\_ State, Zip code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Previous Home Address:

Street number / name \_\_\_\_\_ City \_\_\_\_\_ State, Zip code \_\_\_\_\_

Current employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Tel. Number \_\_\_\_\_

Length of time in Position: \_\_\_\_\_ Supervisor's name \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

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

Make of Car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Second car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

List your Bank and Credit references

Institution: \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_ Acct: \_\_\_\_\_

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Institution: \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_ Acct: \_\_\_\_\_

Use of this home is for single family residence only. Two occupants per bedroom.

Please list the names, relationship and age of all persons who will occupy your home in addition to the applicants above.

NAMES

RELATIONSHIP

AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, please include details \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

If purchasing, I am **purchasing** this home with the intention to:

☐ Reside in the home full time

☐ Reside here on a part time basis

☐ As an investment, not living in home

☐ Live part time in unit, lease it out other times

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 Lakeside Hideaway CONDOMINIUM ASSOCIATION.**

**Purchaser(s): I (we) understand, in the event that the home is leased/rented that I will be required to submit a completely filled out lease application, with references, and a nonrefundable check for \$100.00 to Lakeside Hideaway CONDOMINIUM ASSOCIATION, INC. twenty (20) days prior to the rental taking place.**

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 purchaser(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 purchaser(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 \_\_\_\_\_

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**Acceptance on behalf of Lakeside Hideaway Condominium Association, Inc.**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative  
or Board of Directors*