

# Abbey on the Lake Condominium Assn, Inc.

c/o Sandcastle Community Management  
9150 Galleria Court, Suite 201, Naples, Florida 34109  
Phone (239) 596-7200 Fax (239) 593-4812

## **APPLICATION FOR APPROVAL TO LEASE**

**LEASE TERM MINIMUM: THIRTY (30) DAYS/ MAXIMUM SIX (6) MONTHS / NO MORE THAN FIVE (5) RENTALS PER YEAR.**

In accordance with the governing documents of the Association, please submit this **application** at least fifteen (15) days prior to tenant occupancy. **Approval must be given by the Association prior to tenant occupancy.**

Property Owner \_\_\_\_\_

Property Address \_\_\_\_\_ Unit # \_\_\_\_\_

Unit Phone # (if any) \_\_\_\_\_

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

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN ABBEY ON THE LAKE CONDOMINIUM ASSOCIATION IN ACCORDANCE WITH THE DECLARATION OF CONDOMINIUM. THE APPLICANT(S) REPRESENT THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT AND CONSENT TO FURTHER INVESTIGATION CONCERNING THIS INFORMATION OR ANY INFORMATION WHICH COMES FROM THAT INQUIRY WHICH IS NECESSARY FOR APPROVAL OF THIS REQUEST.

**NOTE: Occupancy restricted to no more than two (2) persons per bedroom including children. Persons who will occupy the above unit are as follows:**

Name \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Tenant's Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Ph # \_\_\_\_\_

Email \_\_\_\_\_ Cell Ph # \_\_\_\_\_

Auto #1: Make/ Model \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Lic# \_\_\_\_\_ St \_\_\_\_\_

Auto #2: Make/ Model \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Lic# \_\_\_\_\_ St \_\_\_\_\_

**If vehicle is unknown or going to be a rental, please indicate above. For allowable vehicles, see "Use Restrictions", item # 8, under "Rules & Regulation" in condo documents.**

\*\*\*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.*

## **NO PETS ALLOWED IN LEASED UNITS**

**YOUR SIGNATURE WILL ACKNOWLEDGE YOUR AGREEMENT TO COMPLY WITH THE RULES AND REGULATIONS AS STATED IN THE DECLARATION OF CONDOMINIUM USE RESTRICTIONS.**

➔ Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

➔ Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

➔ Owner or Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Real Estate Co (if applicable) \_\_\_\_\_

Real Estate Agency Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Ph # \_\_\_\_\_

Owner or Agent Email \_\_\_\_\_ Fax \_\_\_\_\_

**Please include: (An incomplete application package will cause delays in processing)**

\_\_\_\_\_ Fully Completed Application

\_\_\_\_\_ \$100 NON-REFUNDABLE Processing Fee **PAYABLE** to  
**"Abbey on the Lake Condo Assn"**

**Return this application and fee to: 9150 Galleria Court, Suite 201, Naples, FL 34109**