

SKYLINE MANOR CONDOMINIUM ASSOCIATION, INC  
4223 DEL PRADO BOULEVARD S  
CAPE CORAL, FL 33904

RENTAL APPLICATION

This application form, fully completed, must be submitted to the Association at the address above and include a **non-refundable payment of \$100.00 (CASH OR MONEY ORDER ONLY) per applicant payable to American Condominium Mgmt.** Application must be received not less than twenty days (excluding Saturdays, Sundays and holidays) prior to the date action is desired by the association. Missing or incomplete information will cause the application to be returned without action. THIS INFORMATION IS CONFIDENTIAL PURSUANT TO FL STATUTE 718.111(12)(C)2.

PLEASE NOTE: A separate application and \$100.00 fee must be submitted by all persons, 18 years or older, who intend to reside at the unit other than the applicant(s).

UNIT OWNER: \_\_\_\_\_ UNIT NUMBER: \_\_\_\_\_

RENTAL PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_ REALTOR: \_\_\_\_\_

**APPLICANT NAME AND ADDRESS INFORMATION:**

Full Legal Name (Last, First, Middle):

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Present Home Address:

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

Phone Number/Cell Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

How long at above address:

\_\_\_\_\_

Previous home address:

(If less than 1 yr at present address)

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

**APPLICANT IDENTIFYING INFORMATION:**

Social Security Number:

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date of Birth: Applicant:

\_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Drivers License Number (Indicate State):

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

**APPLICANT EMPLOYMENT INFORMATION:**

**(If retired, please list previous employment/occupation information)**

Employer Name: Applicant: \_\_\_\_\_

Co-Applciant: \_\_\_\_\_

Employer address: Applicant: \_\_\_\_\_

Co-Applciant: \_\_\_\_\_

Employer phone number:

Applicant: \_\_\_\_\_

Co-Applciant: \_\_\_\_\_

How long with this employer:

Applicant: \_\_\_\_\_

Co-Applciant: \_\_\_\_\_

**APPLICANT INTENDED USE OF UNIT:**

Provide names and ages of all persons intending to occupy the unit on a regular basis:

Name

Age

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

Do you understand that pets are NOT allowed?

**Initial**  
( ) Yes ( ) No \_\_\_\_\_

Do you understand that this unit is a residential  
condominium and that conduct of a business  
from a unit is prohibited?

( ) Yes ( ) No \_\_\_\_\_

**APPLICANT(S) EMERGENCY INFORMATION:**

Name of person to be notified: \_\_\_\_\_

Relationship of person named: \_\_\_\_\_

Address of person to be notified: \_\_\_\_\_

Phone # of person to be notified: \_\_\_\_\_

**APPLICANT(S) PRIOR RESIDENCE:**

NAME OF CURRENT LANDLORD: \_\_\_\_\_

PHONE NUMBER OF CURRENT LANDLORD: \_\_\_\_\_

**APPLICANT(S) MOTOR VEHICLES THAT WILL BE KEPT AT THE CONDOMINIUM:**

MAKE/MODEL/YR OF 1st VEHICLE: \_\_\_\_\_

STATE/LICENSE # OF 1st VEHICLE: \_\_\_\_\_

MAKE/MODEL/YR OF 2nd VEHICLE: \_\_\_\_\_

STATE/LICENSE # OF 2nd VEHICLE: \_\_\_\_\_

IF ADDITIONAL VEHICLES, CHECK HERE (  ) AND LIST ON SEPARATE SHEET

**APPLICANT GENERAL INFORMATION**

Another responsibility of the association is to determine the social and moral desirability of the proposed purchaser. Therefore, you are being requested to answer the following questions:

Have you ever been adjudicated guilty of a felony or misdemeanor? (  ) Yes (  ) No

If yes, for each offense, complete the following information and attach additional sheets if necessary:

NAME OF COURT: \_\_\_\_\_

STATE/PROVINCE OF COURT: \_\_\_\_\_

CHARGE OF WHICH CONVICTED \_\_\_\_\_

DATE OF CONVICTION: \_\_\_\_\_

SENTENCE OF COURT: \_\_\_\_\_

Do you have any recreational vehicles such as motorcycles, boats, ATV's, etc which you intend to use while at the unit? (  ) Yes (  ) No

If yes, describe what arrangements you intend for the local storage of those vehicles.

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

