

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-Aplicant: _____

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-Aplicant: _____

Date of Birth: Applicant: _____

Co-Aplicant: _____

Drivers License Number (Indicate State):

Applicant: _____

Co-Aplicant: _____

APPLICANT EMPLOYMENT INFORMATION:

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

Employer Name: Applicant: _____

Co-Applicant: _____

Employer address: Applicant: _____

Co-Applicant: _____

Employer phone number:

Applicant: _____

Co-Applicant: _____

How long with this employer:

Applicant: _____

Co-Applicant: _____

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.

APPLICANT ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

Before you complete and sign this form, your landlord should provide you a copy of the Rules and Regulations. Have you received such document and agree to abide by the same:

() Yes () No **Initial**

APPLICANT ATTESTATION AND SIGNATURE

I hereby certify that all of the above information is correct. I authorize my current and former employers, any credit information agency, any state driver license agency, any prior condominium board or apartment manager, any bank, or any court to furnish records of my service, credit, driver's license, residency, bank account information and/or criminal information, together with all such other information as those agencies may have on me, whether on record or not. I further permit the Board of Directors to conduct such investigation as they deem appropriate and to obtain any record concerning me from any agency, and hereby forever release and discharge from any claims, liability, actions for damages, compensation or otherwise, known or unknown, the Board of Directors of **Skyline Manor Condominium Assoc, Inc.**, its officers, agents and employees and all other persons acting on my behalf, any person or agency furnishing said information as a result of the investigation of this application or arising out of the disclosure of any information concerning the investigation of this application. A reproduced copy of this release shall be as valid as the original copy. I further understand that any interview committee is without the power to grant rule exceptions.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE OF SIGNING _____

Board Action: _____