

Walden Shores Property Owner's Association, Inc.
Application for Approval to Lease a Unit
 C/O Ability Management, Inc.
 6736 Lone Oak Boulevard, Naples, FL 34109-6834
 Phone: 239-591-4200 Fax: 239-596-1919

| | | |
|---|----------------------|-------------|
| Term of Lease From _____ to _____ | | |
| (30-Days Minimum / 180-Days (6 Month Maximum)) | | |
| Owner Name _____ | | |
| Property Address _____ | | |
| Owners Cell Phone _____ | Day-time Phone _____ | Email _____ |

All rentals of 6 months or less must pay a 4% Tourist Tax to Collier County. In addition, a 6% Sales Tax must be paid to the Florida Department of Revenue.

Name of Lessee(s) _____

Current Address _____

City _____ State _____ Zip _____

Own : () Rent : () How Long: _____

E Mail Address _____

Telephone Numbers _____

Applicant

Co-Applicant

Driver License Number _____

Applicant

Co-Applicant

Date of Birth: _____

Applicant

Co-Applicant

Number of Persons to be in Residence _____

Names of Persons to be in Residence _____

Renters are NOT permitted to have PETS. (Initial)

Current Landlord or Mortgage Holder Name and Phone Number _____

Applicant Current Occupation _____

Phone: _____

Co-Applicant Current Occup. _____

Phone: _____

Vehicle Make/Model: _____ YR _____ Color _____ Lic# _____

Vehicle Make/Model: _____ YR _____ Color _____ Lic# _____

Have you ever filed bankruptcy? _____ What year? _____

Have you ever been convicted of a felony? _____ What for? _____

Have you ever been convicted for being under the influence or dealing in drugs, including alcohol?

Year _____

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Please provide two personal or business references:

Name #1:

Phone: Relationship:

Name #2:

Phone: Relationship:

A copy of the purchase contract, and a check or money order in the amount of \$100.00 payable to Walden Shores Property Owners' Association, Inc. MUST be attached to this application and sent to the Association C/O Ability Management, Inc. 6736 Lone Oak Boulevard, Naples, FL 34109-6834 Phone: 239-591-4200 Fax: 239-596-1919

Approval will not be granted if incomplete.

The information described above must be submitted at least twenty (20) days prior to the intended closing date or starting lease date.

I/We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable. I/We am/are aware of and agree to abide by the Declaration of Covenants, Articles of Incorporation, and By-Laws of the Association and acknowledge that the Association may terminate a lease upon default by the Tenant in observing any of the provisions in the documents. I/We acknowledge receipt of a copy of the Rules and Regulations. I/We understand the necessary confidential information will remain confidential by the Association's Officers and/or the Association's Designee.

AUTHORIZATION: I/We hereby authorize Ability Management, Inc. and/or Walden Shores Property Owners' Association, Inc. to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction and criminal, and authorize that they contact any persons or companies listed on the application.

**** A PERSONAL INTERVIEW BY THE BOARD IS REQUIRED****

Date Applicant Signature

Co-applicant Signature

Applicant please do not write below this line

Application Approved By: _____ Date _____

Application Disapproved By: _____ Date _____

Application completed: Yes () No () Application Fees Submitted: Yes () No () Check# _____

Copy of Sales contract: Yes () No ()

Information verification completed by: _____

Reason for action taken: _____