## *Florencia at the Colony Condominium Association, Inc.* 23850 Vía Italia Circle Bonita Springs, FL 34134 239-949-3114 (*ph.*) 239-949-3117 (*fax*)

## Application for Approval to Lease a Condominium Unit

## To: Board of Directors of Florencia at the Colony:

I hereby apply for approval to:

( ) Lease Unit No.\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_.

### **Instructions:**

This application must be submitted to the Association's Manager and must be supported with full documentation, including a signed copy of the lease agreement, and a non-refundable fee in the amount of **\$175.00**, payable by check to Florencia at the Colony Condominium Association, Inc. Two personal letters of reference must also accompany this application. Approval or denial will be issued within 10 days from the date of receipt of the application.

Full Name of Applicant		
Full Name of Spouse		
Home Address	City/State	_Zip
Telephone (home)	Telephone (business)	
Email address		
Nature of business or profession (if retin	red, former occupation)	
Currently serving as a member of the United a member of the Florida National Guard and		
All units of the Association are designated	d as single-family residences o	only Please state name.

All units of the Association are designated as single-family residences only. Please state name, relationship and age of all other persons who may be occupying the unit for more than 7 days during the time of the lease term or purchase. If additional space is required for additional names, please attach a separate sheet to this application.

Name	Relationship		Age
		-	
		-	
		-	

# Current or most recent landlord, if applicable:

Name		Address	3		
City/State	ZipTelephone				
Duration of rental _					
Automobiles to be	parked on th	e premises: P	Please review the attac	hed Parking Rules.	
Make	_Year	Plate #	State		
Make	_Year	Plate #	State		
address given abo Address City/State	ove:	Zip	pplication if <i>differen</i> 		
Name				_	
Name				_	
<b>Realtor Informati</b>	ion:				
Name			Firm Name		
Address			Phone #		
() reside here full time () reside here part time					
<u>No pets allowe</u>	d in leased	units.			

#### Applicant's Affidavit

I am familiar with and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I understand and agree that the Association, in the event of a lease, if approved, is authorized as the owner's agent with full authority and power to take whatever action may be necessary, including eviction, to prevent violation by lessees and their guests of the provisions contained in the above documents. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. If this application is for a unit purchase, I agree to be available upon requests for an interview with the designated representatives of the Association.

Signatures:					
Applicant	Co-applic	ant			
Date					
This application is:	Approved	Not Approved			
Florencia at the Colony Condominium Association, Inc.					
By	Title		Date		