

# AUTUMN LAKE RECREATION ASSOCIATION

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

## Application for Approval to Lease or to Renew a Lease

NOTE: Lease term minimum of one (1) month. In accordance with the governing documents of the Association, please submit this form required at least ten (10) days prior to occupancy to allow for processing time. **Approval must be received prior to occupancy.**

**Please include, along with this application, a copy of the lease, two (2) letters of reference (if you have not stayed at Autumn Lakes before) and a \$150 non-refundable processing fee PAYABLE TO AUTUMN LAKE REC ASSN.**

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

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

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

Minimum rental term is one (1) month; maximum rental term is one (1) year.

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN AUTUMN LAKE RECREATION 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.

### **Persons who will occupy the above condominium unit are as follows:**

NOTE: Maximum occupancy restricted to no more than two (2) persons per bedroom.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Applicant's Present Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Unit or Local Phone # \_\_\_\_\_ Email \_\_\_\_\_

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

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

**If Rental vehicle or unknown , please indicate above.**

**Autumn Lake Recreation Assn  
Lease Application, Page 2**

**➔ NO PETS ALLOWED IN LEASED UNITS \_\_\_\_\_ (Must Initial)**

**Personal references: PLEASE PROVIDE TWO LETTERS OF REFERENCE WHEN APPLICATION IS SUBMITTED.** References waived for previously approved Autumn Lake tenants. Please indicate which unit and occupancy dates: \_\_\_\_\_

**Minimum Reference Requirements:**

1. These reference letters must be from people who have known the lessees at least one (1) year and who are not related (and who are **not** from the rental agents/unit owner).
2. The letters must state how long they've been acquainted and any other additional information they may want to state.
3. The reference letter must have the person's signature and their name (in print) with address and telephone number for contact.

**Your signature will acknowledge your agreement to comply with the Rules and Regulations as stated in the Declaration of Condominium Use Restrictions.**

**➔ SIGNATURE OF TENANT:** \_\_\_\_\_ Date \_\_\_\_\_

**➔ SIGNATURE (OWNER or AGENT):** \_\_\_\_\_ Date \_\_\_\_\_  
(Signatures by both parties are mandatory)

**Please fill out the following COMPLETELY:**

Name of Agent & Agency (if applicable) \_\_\_\_\_

OWNER or Agent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

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

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

\_\_\_\_\_ Copy of Executed Lease

\_\_\_\_\_ \$150 NON-REFUNDABLE Application Fee **PAYABLE to AUTUMN LAKE REC**

\_\_\_\_\_ TWO (2) letters of reference

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**ACTION OF BOARD OF DIRECTORS**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_

BY: \_\_\_\_\_ and \_\_\_\_\_  
Association Director Manager for the Association