

CORAL COVE RESIDENTS ASSOCIATION
APPLICATION FOR APPROVAL FOR LEASE
1035 Collier Center Way Suite 7 Naples, Fl. 34110
APMS Office 239-513-9433 Fax 239-513-9561 Info@apmsfl.com

APPLICATIONS WILL BE RETURNED IF INCOMPLETE

In accordance with the governing documents of the Coral Cove Residents' Association, please submit this form at least Twenty (20) DAYS prior to execution of lease to allow for processing time. All individuals who occupy a property must conform with the Coral Cove Residents' Association By-Laws, rules & regulations.

Part 1: Owners Information: Complete the following information, sign & date the application indicating approval.

Owner of Record: _____ Mailing Address: _____

City: _____ State: _____

Email: _____ Telephone: _____ Zip: _____

Coral Cove Address: _____

Part 2: Renter(s) Information: Complete the following information for every adult, over the age of 18 who will occupy the above unit. Attach additional pages as necessary.

The undersigned hereby makes application for rental in Coral Cove Residents' Association, Inc., in accordance with the Declaration of Covenants, Conditions & restrictions, the APPLICANT(S) represent that the following information is true & correct & consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

Further, I/we request approval to lease the above described unit. I/we hereby state that the Current Owner has made available to me/us all Association documents, including all Rules & Regulations as they pertain to the above unit & the Community, & I/we have read them & agree to be bound & abide by them. As provided for in the documents, I/we understand the unit will be limited to "single family" occupancy with restrictions on the number of persons occupying the unit at any one time.

RENTAL DATES _____

Name: _____

Name: _____

Current Address: _____

Do you own or rent? _____ How long? _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Employer: _____ Company Address: _____

City: _____ State: _____ Zip: _____

Driver's License: _____ State: _____ Date of Birth: _____

Auto #1: _____ Color: _____ Year: _____ Tag# _____

Auto #2: _____ Color: _____ Year: _____ Tag# _____

Are you a service member? _____

The term "service member" is defined to include any person serving as a member of the United Stated Armed Forces on active duty or state active duty and all members of the Florida National Guard and United Stated Reserve Forces.

Has applicant(s) ever been convicted of a felony? Yes _____ No _____

Signature of Applicant _____

Signature of Applicant _____

Please note that Commercial Vehicles are NOT permitted.

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present owners of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure an ideal private and community life.

Include in the Purchase Application Package:

_____ Completed Application

_____ Copy of signed lease agreement

_____ \$100 Non-Refundable Application Fee (payable: Coral Cove Residents' Association

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ACTION OF BOARD OF DIRECTORS

Approved: _____ Disapproved _____ Date: _____

Board Member: _____ OR Association Manager: _____
(signature) (signature)

Fees current _____