

# SABAL COVE RESIDENTS ASSOCIATION

## APPLICATION FOR APPROVAL OF LEASE

Advanced Property Management Service Inc.

1035 Collier Center Way, Suite 7 Naples, FL 34110

239-513-9433 Fax: 239-513-9561

Info@apmsfl.com

### **INCOMPLETE APPLICATIONS WILL BE RETURNED**

In accordance with the governing documents of the Sabal Cove Residents' Association, please submit this form at least Twenty (20) DAYS prior to lease processing time. **Approval must be received prior to lease start date. All renters must conform with the Sabal Cove Residents Association, Inc.**

**Part 1: Owner's Information:** Complete the following information, sign & date the application indicating approval.

Owner of Record: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Zip: \_\_\_\_\_

Sabal Cove Address: \_\_\_\_\_

The undersigned hereby makes application for ownership in Sabal Cove Residents Association Inc. in accordance with the declaration of covenants, conditions & restrictions, the renter (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.

**I further agree that it is my responsibility to conduct financial & background checks on the applicants.**

Signature of Current Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: Applicant'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.

**LEASE DATES:** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

**TENANTS ARE NOT ALLOWED PETS-SIGNATURE  
REQUIRED:** \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Auto #1: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag# \_\_\_\_\_

Auto #2: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag# \_\_\_\_\_

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

Signature of Applicant (s) \_\_\_\_\_

**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 Lease Application Package:**

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

\_\_\_\_\_ Signed copy of or lease agreement

\_\_\_\_\_ Background Release form SALES ONLY (background fee of \$25.00 per adult for American background check. International contact APMS for pricing)

\_\_\_\_\_ \$100 Non-Refundable Application Fee (payable: Sabal Cove Residents' Association)

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**ACTION OF BOARD OF DIRECTORS**

Approved: \_\_\_\_\_ Disapproved \_\_\_\_\_ Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ OR Association Manager: \_\_\_\_\_  
(signature) (signature)

Additional Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_