

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

Applications@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 closing processing time. **Approval must be received prior to renting. All rentals 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 PURCHASER (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.

Rental Date: _____

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.

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: _____

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

_____ Signed copy of 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)

ACTION OF BOARD OF DIRECTORS

Approved: _____ Disapproved _____ Date: _____

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

Additional Notes: _____

