

SABAL COVE RESIDENTS ASSOCIATION
2019-2020 APPLICATION FOR APPROVAL OF LEASE

In accordance with the governing documents of the Sabal Cove Residents' Association, please submit this form at least Twenty (20) DAYS prior to execution of the lease to allow for processing time. All individuals who occupy a property must conform with the Sabal Cove Residents' Association By-Laws, rules & regulations, including, but not limited to, a lease term minimum of thirty (30) days which may not exceed one (1) year. Lease approvals must be secured prior to the commencement of the lease.

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: _____

Term of Lease (Number of Months): _____ From _____ To _____

I agree to lease my home to the individuals listed below for the specified time & I have made available to the applicant all Association documents, including all rules & regulations as they pertain to the above unit & the Community.

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

Signature of 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.

The undersigned hereby makes application for lease in Sabal 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.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Company Name: _____ Company Address: _____

City: _____ State: _____ Zip: _____

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

Auto #1: _____ Color: _____ Year: _____ Lic# _____

Auto #2: _____ Color: _____ Year: _____ Lic# _____

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 Lease Application Package:

_____ Completed Application

_____ Copy of Completed Lease

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

Submit ALL items to:

Advanced Property Management Services, Inc. 1035 Collier Center Way, #7 Naples, FL. 34110

Phone: 239-513-9433 Fax: 239-513-9561 **advancedapproval@aol.com**

ACTION OF BOARD OF DIRECTORS

Approved: _____ Disapproved _____ Date: _____

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

Additional Notes: _____
