

STREAMSIDE RECREATION ASSOCIATION

C/o Sandcastle Community Management
9150 Galleria Court, Suite 201, Naples, Florida 34109
Ph: (239) 596-7200 / Fax: (239) 254-4722

APPLICATION FOR APPROVAL TO LEASE OR TO RENEW A LEASE

Please make sure application is completely filled out. An incomplete application will cause a delay in processing.

NOTE: Lease term minimum of one (1) month. In accordance with the governing documents of the Association, please submit this form, along with required enclosures and the \$100 application fee (PAYABLE TO STREAMSIDE REC ASSN), ten (10) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy.

Property Owner: _____

Property Address: _____ Unit # _____

Term of Lease: From _____ To _____

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN STREAMSIDE RECREATION CONDOMINIUM ASSOCIATION, 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.

NOTE: Occupancy restricted to no more than two (2) persons per bedroom, including children.

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

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Tenant's Present Address: _____

City _____ St _____ Zip _____ Phone: _____

Driver's Lic #: _____ State: _____ Email: _____

Auto #1: Make/Model _____ Color _____ Yr _____ Lic# _____ St _____

Auto #2: Make/Model _____ Color _____ Yr _____ Lic# _____ St _____

If rental vehicle, or unknown, please indicate above.

➔ NO PETS ARE ALLOWED IN LEASED UNITS _____ (Must initial)

Guests who will be visiting and approximate dates. **Occupancy restricted to no more than two (2) persons per bedroom, including children. NOTE: If retired, enter former Business or Profession above.**

Name(s) _____ Date(s) _____

Name(s) _____ Date(s) _____

Employer _____ Phone _____

Address _____ Position _____

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

→ TENANT SIGNATURE: _____ Date _____

→ OWNER or AGENT SIGNATURE: _____ Date _____

Signatures by both parties are mandatory!

Name of Real Estate Co (if applicable) _____

Owner or Agent Address _____

City: _____ State _____ Zip _____ Phone _____

Email: _____ Fax # _____

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. A condensed version of the Rules & Regulations are attached for your convenience.

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

_____ Fully Completed Application

_____ Copy of Executed Lease

_____ \$100.00 NON-REFUNDABLE Application Fee **PAYABLE to Streamside Rec Assn**

Return ALL above items to: 9150 Galleria Court, Suite 201, Naples, FL 34109

ACTION OF BOARD OF DIRECTORS

APPROVED _____ DISAPPROVED _____ DATE OF DECISION _____

BY: _____ and _____
Association Director Manager for the Association