WILLOW CREEK HOMEOWNERS ASSOCIATION, INC

APPLICATION FOR APPROVAL TO LEASE

NOTE: Lease Term Minimum Of One (1) Month

** In accordance with the governing documents of the Association, please submit this form twenty (20) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy. Current Owner of Record_____Unit#____Bldg#____ Term of Lease: From THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN WILLOW CREEK HOMEOWNERS ASSOCIATION, INC., IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS, 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. Persons who will occupy the above residential unit are as follows: Name______ NOTE: Occupancy restricted to no more than two (2) persons per bedroom, including children. Applicant's Present Address City State Zip Phone Auto#1: Make_____ Color____Year Lic# Auto#2: Make_____ Color Year Lic#

Your signature will acknowledge your agreement to comply with the Rules and Regulations as stated in the Declaration of Covenants, Use Restrictions. SIGNATURE OF APPLICANT_____DATE____ SIGNATURE OF REAL ESTATE AGENT OR UNIT OWNER _____ _____ DATE Name of Real Estate Co. Address of Real Estate Agent or Unit Owner: City_____State__Zip___Phone____ This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present members 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. The following items MUST be included at the time the application is submitted to Gulf Breeze Management. An incomplete Application Packet will cause delays in processing: \$100.00 NON-REFUNDABLE APPLICATION FEE made payable to Willow Creek Homeowners Association, Inc. **FULLY COMPLETED APPLICATION COPY OF EXECUTED LEASE** TWO PERSONAL LETTERS OF REFERENCE Please submit to: Gulf Breeze Management Services, LLC 8910 Terrene Court, Suite 200 Bonita Springs, FL 34135 (239) 498-3311 Phone (239) 498-4974 Fax **ACTION OF BOARD OF DIRECTORS**

APPROVED_____ DISAPPROVED____ DATE OF DECISION_____

Manager for the Association

_____ OR _

Association Director