

PARK PLACE WEST ASSOCIATION

Application for Approval to Lease a Villa

I/We hereby apply for approval to lease Lot Numberin **Park Place West**, for the period beginning , 20.....and ending , 20..... A complete copy of the signed '**Lease Agreement**' is attached. **(NB. Minimum Period: 3 Months. Maximum Period: 12 Months)**

Applicant is an active member of the United States Armed Forces? Yes_____No _____

In order to facilitate consideration of this application, I/We represent that the following information is factual and correct and agree that any falsification, misrepresentation or incomplete information in this application will justify its disapproval. I/We consent to your further inquiry concerning this application, particularly of the references given below and an investigation into my background.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Applicant's Full Name: _____ **Date of Birth ..** _____

Social Security No **Driver License No**

Spouse's Full Name: _____ **Date of Birth** _____

Social Security No **Driver License No**

Home address:
(Include complete address, city, state & zip code)

Telephone Numbers: Home: Work: _____

Cell: Email: _____

N a t u r e o f B u s i n e s s / P r o f e s s i o n : _____
(If retired, list former business or profession)

Company/Firm Name: _____

Company/Firm Address: _____
(Include complete address, city, state & zip code)

The documents of **Park Place West Association Inc.** (which are available in full detail on our website www.parkplacewest.info) restrict the use of units as **single-family residences** only. Please state the name and relationship of all other persons, other than the applicant(s), who will be occupying the unit on a regular basis. For all **over the age of 18 years**, please provide the same 'Personal Information' as for the main Applicant and Spouse above.

Name: Relationship Age.....

Name: Relationship Age _____

Name of current or most recent Landlord (if applicable)

Landlord's Address:

Landlord's Telephone Number:

Two personal references (local if possible):

Name:
Address: Phone.....

Name:
Address: Phone

(Include complete address, city, state & zip code for both references)

Two credit references (local if possible):

Name: Account Number:.....
Address: Phone

Name: Account Number:.....
Address: Phone

(Include complete address, city, state & zip code for both references)

Make/Model/Year & License Number of Vehicle(s) to be kept at the Villa:
.....

Pets:

Breed: _____ **Age** _____ **Weight** _____

I/We am/are aware of and agree to abide by the Declaration, Articles & By-Laws of the Association (as represented on the Association’s website www.parkplacwest.info) and any/all properly promulgated rules and regulations.

Dated **Signed**

A check for \$200.00 payable to Park Place West Association, Inc. must accompany this application, along with a copy of the contract, for the purpose of defraying costs of checking references, background investigation, directory updating, and other expenses related to the processing of this application. Please remit payment, application(s) and contract to: Newell Property Management Corp, 5435 Jaeger Lane #4, Naples, Florida 34109.

As the Rental Agent for the unit owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by the tenants of the restrictive covenants or rules applicable to Park Place West, including the termination of the lease and removal of the tenant.

Rental Agent’s Name **Signature** _____;

Address **Phone** _____;

The prospective lessee will be advised by the Association Office, within a **10 DAY PERIOD** from the date of receipt of application and all information and references requested, as to whether it has been approved (or not).

Approved..... **Disapproved** _____

By: **Date:**.....

HOA Director or Manager