

PARK PLACE WEST ASSOCIATION INC.

Lease Application Page 1

Date of Application ____/____/____

Owner(s) of Record: _____

Property address to be Leased: _____

Term of Lease: From ____/____/____ to ____/____/____ (Min. lease 3months– Max. 1year)

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 #1 Name: _____ Date of Birth: _____

Telephone #: _____ E-Mail: _____

Address/City/State/Zip: _____

Spouse's Name: _____ Date of Birth: _____

Telephone #: _____ E-Mail: _____

Address/City/State/Zip: _____

Nature of Business/ Profession (*If retired, list former*): _____

Company/Firm Name: _____ Phone#: _____

Company/Firm Address/City/State/Zip: _____

Name of current or most recent Landlord (if applicable): _____

Landlord's Address: _____ Phone#: _____

Are you a member of the U.S. Armed Forces on active duty or state active duty, the Florida National Guard, or the United States Reserve Forces? _____

Additional Occupants that will reside in this unit: documents of Park Place West Association Inc. (which are available in full detail on the websites <http://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: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

**c/o Newell Property Management Corporation
5435 Jaeger Road #4, Naples Florida 34109
Phone: 239-514-1199~Fax: 239-331-7178**

PARK PLACE WEST ASSOCIATION INC.

Lease Application Page 2

Two Personal References (local if possible): This is Very Important!

Name: _____ Phone #: _____

Address/City/State/Zip: _____

Name: _____ Phone #: _____

Address/City/State/Zip: _____

Two Credit References (local if possible): This is Very Important!

Name: _____ Account #: _____

Address: _____ Phone #: _____

Name: _____ Account #: _____

Address: _____ Phone #: _____

All Vehicles to be parked on Association property.

Make: _____ Model: _____ Year: _____ License Plate#: _____

Make: _____ Model: _____ Year: _____ License Plate#: _____

Pets: No pets in leased units _____ **Initial**

I/We am/are aware of and agree to abide by the Declaration, Articles & By-Laws of the Association and any/all properly promulgated rules and regulations.

Please complete the following items and return to the mailing address below NOTE: Lease Packets submitted with incomplete forms and/or missing items will be returned. All items must be submitted together.

☐ Completed Application ☐ Copy of Executed Lease Agreement

☐ Background check for each occupant over 18 years (Criminal & Credit) ☐ Copy of Diver's License

☐ Non-Refundable \$200 application fee payable to: **Park Place West**

Applicant Signature _____ Date _____ Applicant Signature _____ Date _____
* * * * *

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.

Name of Agent/ Realtor: _____ Signature: _____

Address: _____ Phone #: _____

* * * * *

The prospective lessee will be advised by the Association Office, within a 20-DAY PERIOD from the date of receipt of application and all information and references requested, as to whether it has been approved (or not).

Action by the Board of Directors: ____ Approved ____ Disapproved

Date of Decision ____/____/____ **by Board of Directors:** _____

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APPLICATION FOR CRIMINAL REPORT X

APPLICATION FOR CREDIT REPORT X

Applicant 1-

Printed Name:

First _____ Middle _____ Last _____ Maiden _____

SSN _____ Date of Birth: _____

Phone Number: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant 2-

Printed Name:

First _____ Middle _____ Last _____ Maiden _____

SSN _____ Date of Birth: _____

Phone Number: _____ Email: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Requesting Association/Organization: _____

Fax Report to: _____

Email Report To: _____

I/We certify that having read the above application and agree all information therein is true and correct. I/we authorize your agents to obtain and criminal and /or credit check for tenancy or ownership.

Applicant 1- Signature

Date Signed

Applicant 2- Signature

Date Signed

FOR OFFICE USE ONLY

Type of report requested (check one): Single _____ Joint _____

Submitted by (please print): _____

Dina M. Schleifer-Dan C. Collardey-Donald M. Schleifer, II
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