

LAKESIDE LAKE HOMES NEIGHBORHOOD ASSOCIATION, INC.

Lakeside of Naples Management Office
7600 Airport Road North
Naples, FL 34109

APPLICATION FOR RENEWAL OF LEASE

Please type or print legibly. No fee for Renewal of Lease. Please submit application at least 20 days prior to renewal period.

ADDRESS TO LEASE: _____

RENEWAL LEASE PERIOD FROM ____/____/____ TO ____/____/____

APPLICANT NAME: _____ **DOB:** _____

APPLICANT NAME : _____ **DOB:** _____

CURRENT ADDRESS: _____

TELEPHONE #: _____ BUSINESS PHONE #: _____

E-MAIL: _____

EMPLOYER: _____
(Name of Company) (Phone)

SPOUSE'S EMPLOYER: _____
(Name of Company) (Phone)

VEHICLES: _____
(Year) (Make) (Model) (License #) (State)

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(Year) (Make) (Model) (License #) (State)

WILL ANYONE ELSE BE LIVING IN THE UNIT WITH YOU OR YOUR SPOUSE?

____ Yes ____ No. (Association Documents state that units are for single family residence only).
Please state name, relationship of all others who will be residing with you:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

HAVE YOU OR ANYONE WHO WILL BE RESIDING IN THE UNIT BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE (5) YEARS ____ Yes ____ No (If yes, please explain on a separate sheet of paper and attach hereto.)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: _____

If accepted for occupancy, I/(we) agree to abide by the Declaration of Covenants, Conditions and Restrictions; Rules and Regulations and Frequently Asked Questions for Lakeside Lake Homes Neighborhood Association, Inc. and the Master Declaration of Covenants, Conditions and Restrictions for Lakeside Residents Association, Inc. (LNRA) and understand that I am bound by the terms thereof. (These documents are available at the Lakeside Management Office and/or on the web-site 'Lakesideofnaples.com'.) Upon approval, the Association is authorized to act as the Owner's agent.

It is expressly understood that **NO SUB-LEASING** is allowed and that I/(we) will not allow guests to occupy the unit or use the amenities in my/(our) absence. Tenants are not allowed to keep pets of any kind.

DATE:_____ APPLICANT: _____

APPLICANT: _____

OWNER'S NAME: _____

FIRM HANDLING LEASE: _____

AGENT:_____ PHONE #:_____

DATE:_____ EMAIL (If Any):_____

As the owner/leasing agent, I agree to assist in the correction of any violations by the tenants and assist in the termination of the Lease and/or removal of the tenants if a situation so presents itself.

Signature of Owner or Agent

(PLEASE ATTACH REAL ESTATE AGENT'S CARD HERE)

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Approved:_____ Disapproved:_____ Date:_____

Board of Director's Signature:_____ Title:_____

Please return all paperwork to:

Please return all paperwork to:
Lakeside of Naples Management Office
c/o Ability Management
6736 Lone Oak Blvd
Naples, FL 34109
(239) 591-4200
Yvonne@abilityteam.com