

**MAGNOLIA FALLS, INC.
LEASE APPLICATION**

Must be submitted 20 days prior to lessee occupancy, whichever is applicable.

Date:

Have you rented in Magnolia Falls previously? YES NO Address: Unit #: Return to: MAGNOLIA FALLS, INC.
c/o Sandcastle Community Management
9150 Galleria Court, Suite 201
Naples FL 34109
Tel: 239-596-7200 Fax: 239-254-4722

Name of Current Owner:
Phone #: Email Address:

I (we) hereby apply for approval to Lease Addr: Unit #:
Starting: Ending:
Leasing Agent: Phone: Email:

Please submit the following:

- 1) A **completely** filled out application form (Partially completed form will **not be considered**)
- 2) A signed copy of the lease
- 3) A non-refundable check for \$100.00 sales or lease payable to **MAGNOLIA FALLS, INC.**
- 4) Number of applicants must match lease.

******Separate application & fee must be submitted for co-applicants (excludes married couples)******

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify **automatic** rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below. **I understand I must submit an application with Collier County for Tax Purposes.**

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Full Name of Applicant:

Full Name of Spouse:

Current Home address:
Street Number / Name City State, Zip code Telephone Number

Applicant (s) Email Address:

Current employer: Position Held:

Employer's Address: Phone #

Citizen of U.S.? YES NO If no, submit document copy of residency authorization or passport photo page on leases over 90 days.

Have you ever been convicted of a felony? Yes or No If Yes, Explain

In case of emergency notify: Tel# Relationship:

Make/Model of Car: Year: License No. State:
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Use of this home is for single family residence only. Two occupants per bedroom.
 Please list the names, relationship and age of all persons who will occupy your unit on a full time basis in addition to the applicants above.

<u>NAMES</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

INITIAL _____ I have received, read and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of Magnolia Falls, Inc.

INITIAL _____ Occupancy Prior to Board of Directors approval is prohibited.

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, **including eviction**, to prevent or stop violations by lessees and their guests.

The Owner will be advised by the Association’s Management whether this application has been approved.

I (we) have read, understood and agree to all of the statements above.

Applicant Signature: _____ Printed Name: || _____ Date: || _____
 Applicant Signature: _____ Printed Name: || _____ Date: || _____

Acceptance on behalf of Magnolia Falls, Inc.

Approved Disapproved _____
Signature of Authorized Representative *Date*