

# FALLING WATERS II ASSOCIATION RENTAL/LEASE APPLICATION

GUARDIAN PROPERTY MANAGEMENT

6704 LONE OAK BLVD.

NAPLES, FL 34109

239-514-7432

Name of Unit Owner: \_\_\_\_\_

Falling Waters II Address & Unit Number: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell Phone \_\_\_\_\_

- A signed copy of the Rental/Lease Application must be submitted 30 days prior to the start of the Rental/Lease.
- A non-refundable, non-transferable check for \$100.00 made payable to Falling Waters II is to be submitted with this application.
- **NOTE: Unit rentals/leases are restricted to once every 28 days**
- Annual lease renewal is required and must be submitted with a copy of the new lease each time the lease is to be renewed.
- Sub-rental/leasing of the unit or carport is NOT permitted.

Name(s) of Renter/Lessee: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Arrival Date: \_\_\_/\_\_\_/\_\_\_ Departure Date: \_\_\_/\_\_\_/\_\_\_

Children: Yes \_\_\_ No \_\_\_ (**Note:** Total occupancy may not exceed 2 persons/bedroom)

In the event of emergency, Notify \_\_\_\_\_ phone \_\_\_\_\_

I have received, read and agree to abide by the Rules and Regulations of Falling Waters II and understand the consequences of non-compliance up to and including possible eviction.

Renter/Lessee Applicant Signature: \_\_\_\_\_ Date: : \_\_\_/\_\_\_/\_\_\_

Renter/Lessee Co-Applicant Signature: \_\_\_\_\_ Date: : \_\_\_/\_\_\_/\_\_\_

**RENTERS/LESSEES ARE NOT PERMITTED TO HAVE PETS**

**Mail your completed application along with your rental/lease agreement and \$100 check to the above address. Incomplete applications will be rejected!**

**Falling Waters II Updated 5/17/17**