

MAGNOLIA COVE of FALLING WATERS

RETURN LEASE PACKET TO RESORT MANAGEMENT REAL ESTATE DEPT.

2685 Horseshoe Drive South, Suite 215, Naples, FL 34104

Ph: (239) 649-5526 / FAX: (239) 403-1061 / Email: Resort@ResortGroupInc.com

APPLICATION FOR APPROVAL TO LEASE

PLEASE PRINT OR TYPE. Please submit this form, along with required enclosures and fees 30 days prior to occupancy. Complete every section entirely. An incomplete application will cause a delay in processing and approval. NOTE: Lease term: No less than twenty eight (28) days. APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY. ****NO PETS****

PROPERTY OWNER: _____

Property Address: _____ UNIT # _____

LEASE DATES: FROM _____ TO _____

Please include: (An incomplete application package will cause delays in processing)

_____ A fully Completed Application

_____ Copy of Executed Lease

_____ NON-REFUNDABLE Application Processing Fees: **\$100.00 payable to Magnolia Cove of Falling Waters**

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE MAGNOLIA COVE of FALLING WATERS

Tenant Name: _____

Spouse/Partner/Co-Applicant: _____

Additional Occupants:

Name _____ AGE _____ Relationship _____

Name _____ AGE _____ Relationship _____

Name _____ AGE _____ Relationship _____

No one but the lessee, his family members within the first degree of relationship by blood, adoption, legal custody or marriage, and their spouses and guests may occupy the unit. NOTE: Occupancy restricted to no more than TWO persons per bedroom, including children.

Tenant's Current Address: _____

City _____ ST _____ Zip _____ Ph # _____

Ph # _____ Email: _____

Are you currently an Active Service Member as defined in Florida Statute 250.01? _____ YES _____ NO

Person to be notified in emergency: _____

Phone: _____

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Business/Profession/Employment: _____ How Long _____

Employment Address: _____

VEHICLES: Fill out vehicle information below.

Make/Model _____ COLOR _____ Yr _____ ST _____ LIC # _____

Make/Model _____ COLOR _____ Yr _____ ST _____ LIC # _____

I/We hereby represent that this application is true and correct. I/We hereby acknowledge that I/We have received and read a copy of the Association Rules and Regulations and agree to abide by them, as well as any revisions which might occur in the future. I/We am/are aware that the Association may terminate a lease upon default by the Tenant in observing any of the provisions in the Documents. I/We understand the necessary confidential information will remain confidential by the Association’s Officers and/or the Association’s Designee. I/We declare the foregoing information to be true and correct. I/We understand the application fee is non-refundable.

SECTION BELOW MUST BE FILLED OUT COMPLETELY!

Tenant Signature: _____ Date: _____

Tenant Signature: _____ Date: _____

OWNER Signature (or Realtor): _____ Date _____

Name of Realtor & Agency: _____

OWNER or Realtor Contact Info: Phone: _____ Email _____

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present owners of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure an ideal private and community life.

***** Single-sided copies only / NO double-sided copies *****

ACTION BY BOARD OF DIRECTORS: APPROVED _____ DISAPPROVED _____

BY _____ TITLE _____ Date _____