

JASMINE COURT ASSOCIATION

SANDCASTLE COMMUNITY MANAGEMENT

9150 Galleria Court, Suite 201

NAPLES, FL 34109

TEL: 239-596-7200 FAX: 239-254-4722

APPLICATION FOR APPROVAL TO RENT

(4 months or less)

Date: _____

Name of current UNIT owner: _____

() I/(we) hereby apply for approval to lease _____ Hidden Lakes Drive, unit _____ at Jasmine Court for the period beginning _____, and ending _____.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. FULL NAME OF APPLICANT _____

2. FULL NAME OF SPOUSE _____

3. HOME ADDRESS _____

4. TELEPHONE: (HOME) _____ (WORK) _____

5. EMPLOYER _____

6. POSITION OCCUPIED _____

7. THE CONDOMINIUM DOCUMENTS OF JASMINE COURT STATE THAT UNITS ARE FOR SINGLE FAMILY RESIDENCE ONLY. PLEASE STATE THE NAME, RELATIONSHIP, AND AGE OF ALL OTHER PERSONS WHO WILL BE OCCUPYING THE UNIT REGULARLY.

NAME

RELATIONSHIP

AGE

8. MAILING ADDRESS FOR BILLINGS AND NOTICES CONNECTED WITH THIS APPLICATION:

NAME: _____ ADDRESS: _____

9. RENTAL AGENT/COMPANY _____ PHONE: _____

JASMINE COURT MANDATES A 30-DAY MINIMUM RENTAL PERIOD/ONE RENTAL PER MONTH REGULATION/30-DAY NOTIFICATION TO SANDCASTLE.

10. I UNDERSTAND AND AGREE THAT THE ASSOCIATION, IN THE EVENT IT APPROVES A LEASE, IS AUTHORIZED TO ACT AS THE OWNER'S AGENT, WITH FULL POWER AND AUTHORITY TO TAKE WHATEVER ACTION MAY BE REQUIRED, INCLUDING EVICTION, TO PREVENT VIOLATIONS BY LESSEES AND THEIR GUESTS OF PROVISIONS OF THE DOCUMENTS AND THE RULES & REGULATIONS OF THE ASSOCIATION. **NO PETS ARE ALLOWED BY JASMINE LESSEES.**

11. I AGREE TO PAY A NON-REFUNDABLE **\$100.00 FEE** TO COVER ADMINISTRATIVE EXPENSES RELATING TO THE APPROVAL PROCESS. I AGREE TO SUBMIT THE FEE PAYABLE TO **JASMINE COURT.**

APPLICANT

DATE

APPLICANT

DATE

() BOARD APPROVAL

() BOARD DISAPPROVAL

BOARD MEMBER

DATE