

**Falling Waters
Cascades Association**

RENTAL/LEASE APPLICATION

(Submit form 30 days or more before arrival)

Condo Address: _____ Cascades Drive Unit # _____

Name of owner(s): _____

Owner's Phone #: Home _____ Cell _____

I/We **certify** that I/we have provided a copy of the **Association Rules and Regulations** to our lessee.

Owner's Signature

Date

- **A signed copy of the Rental/Lease Agreement must be submitted along with this application 30 days prior to the start of the Rental/Lease.**
- **A separate form is required for access to the front gate, clubhouse, and pool. That form can be obtained from the Falling Waters website under Gate Information then Rental Gate Information (http://fallingwatersdavis.com/fallingwaters/document_view.asp?id=2049) or the Falling Waters Member Center. There is a separate fee for that access.**
- **To rent in Cascades requires a rental application form, with a copy of the lease, and a check for \$100. "Please note there is a twenty-eight (28) days minimum rental, regardless of how long your renter actually stay on property. All leases are considered no less than twenty-eight (28) days per our rules and regulations. This means owners cannot rent their units more than one (1) time within any twenty-eight (28) day period."**
- **Annual lease renewal is required and must be submitted with a copy of the new lease each time the lease is renewed.**
- **Sub-rental/leasing of the unit or garage space is NOT permitted.**

Name of Lessee: _____

Address of Lessee: _____

Telephone #: Home _____ Cell _____

Arrival Date: ____/____/____ **Departure:** ____/____/____

Government issued ID type / number: _____

Total number of Occupants ____ (Note: Total occupancy may not exceed two (2) persons/bedroom)

In the event of an **emergency**, notify (name, relationship, phone number):

I have received, read, and agree to abide by the Rules and Regulations of Cascades of Falling Waters Inc. and understand the consequences of non-compliance.

Renter/Lessee Applicant Signature: _____ **Date:** ____/____/____

Renter/Lessee Co-Applicant Signature: _____ **Date:** ____/____/____

Mail application, payment, and lease agreement to:

Cascades of Falling Waters Inc. C/O Guardian Property Management
6704 Lone Oak Blvd
Naples, FL 34109

For additional information contact Mark Schadler at Marks@guardianpropertymanagement.net Ph 239-514-7432

Mgt. Co. Approval: _____ **Date:** ____/____/____

Association Approval: _____ **Date:** ____/____/____

Date January 4th, 2020