

Falling Waters Cascades Association

Non-Owner Occupancy Form

SECTION A. COMPLETE FOR OCCUPANCY BY NON-FAMILY WITHOUT OWNER PRESENT EVEN IF NO RENT CHARGED

RENTAL/LEASE APPLICATION

(Submit form 30 days or more before arrival)

Condo Address: _____ Cascades Drive Unit # _____

Owner(s) Name: _____

Owner's Phone #: Home _____ Cell _____

- Non-family unit use is **only** approved for 28 days or more 12 times per year.
- A non-refundable, non-transferable check for \$100 made payable to **Cascades of Falling Waters Inc.** and a copy of the lease are to be submitted with this application. Lease not required if no rent charged.
- A separate form and fee are required for access to the front gate, clubhouse and pool. That form can be obtained from the Falling Waters website http://fallingwatersdavis.com/fallingwaters/document_view.asp?id=2049 or from the Member Center.
- If annual lease, 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.

Lessee / Occupant Name: _____

Lessee / Occupant Address: _____

Lessee / Occupant Telephone #: Home _____ Cell _____

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

Government Issued ID Type / Number: _____

Total Number of Occupants ____ (Note: Total occupancy may not exceed 7 people)

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.

Lessee / Occupant Signature: _____ Date: _____

Lessee / Occupant Co-Applicant Signature: _____ Date: _____

PER CASCADES RULES, PETS ARE NOT PERMITTED UNLESS A WRITTEN PERMISSION IS OBTAINED FROM THE OWNER.

Mail application, payment and lease agreement to:
CASCADES OF FALLING WATERS INC. C/O GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD.
NAPLES, FL 34109

(OVER)

For additional information, contact Mark Shadler Marks@guardianpropertymanagement.net (239) 514-7432

Guardian Property Management Approval _____ Date: _____

Cascades Association Approval _____ Date: _____

SECTION B. ONLY COMPLETE IF FAMILY WITHOUT OWNER IN RESIDENCE APPLIES

FAMILY – WITHOUT OWNER IN RESIDENCE

(Family Includes Parents, Siblings, Children and Grandchildren)

Guest Name: _____

Home Address: _____

Telephone #: _____

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

Condo Address: _____ Cascades Drive Unit # _____

Please List All Occupants by Family Category (i.e., Father, Mother, Son, etc):

Owner's Name: _____ Owner's Phone #: _____

PER CASCADES RULES, PETS ARE NOT PERMITTED UNLESS A WRITTEN PERMISSION IS OBTAINED FROM THE OWNER.

Forward to: GUARDIAN PROPERTY MANAGEMENT
6704 LONE OAK BLVD.
NAPLES, FL 34109
(239) 514-7432

Guardian Property Management Approval: _____

Cascades Association Approval: _____ Date: _____

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

Owner's Signature Date