

Falling Waters I

RENTAL/LEASE APPLICATION
FRANKLY COASTAL PROPERTY MANAGEMENT
4985 TAMIAMI TRAIL EAST
NAPLES, FL 34113
239-774-7088

Name of Unit Owner: _____

Falling Waters I 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
- A non-refundable, non-transferable check for \$150.00 made payable to Falling Waters I Association is to be submitted with this application.
- **NOTE: No unit may be leased for a term less than thirty (30) days nor more than one (1) Yr.**
- 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 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 I Association 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 ARE NOT PERMITTED TO HAVE PETS
UNLESS OWNER AUTHORIZES**

Mail your completed application along with your rental agreement and \$150 check to the above address. Incomplete applications will be rejected!