

# THE TERRACES' APPLICATION FOR APPROVAL TO LEASE A CONDOMINIUM UNIT

THE TERRACES CONDOMINIUM ASSOCIATION, INC. OF NAPLES  
4751 GULF SHORE BLVD NORTH  
NAPLES, FLORIDA 34103  
239.261.1869  
239.261.8457 FACSIMILE  
[admin@terracescondo.com](mailto:admin@terracescondo.com)

To Terraces' Board of Directors:

We (I) hereby apply for approval to lease unit \_\_\_\_\_ in the Terraces, a condominium, for the period beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_. A signed copy of the proposed lease is attached. All leases are a minimum of 90 days and a maximum of one (1) year.

***A \$150.00 NON-REFUNDABLE PROCESSING FEE MUST ACCOMPANY THIS FORM.***

To facilitate consideration of this application, we (I) represent that the following information is factual, true, and agree that any falsification or misrepresentation of the facts in this application will justify its disapproval. *(We) consent to the Terraces Condominium Association, Inc. of Naples, or its agents, making such inquiry, in its sole discretion as it may deem proper, but not limited to the references given below. Authorization is hereby given to secure credit reports and other background checks in connection with this application. A copy of, or facsimile of this signed application, shall be considered specific authority to any credit bureau or agency to issue reports to The Terraces Condominium Association, Inc. of Naples.*

## **PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

Full name of Applicant \_\_\_\_\_

Full name of Spouse/Co Applicant \_\_\_\_\_

Social Security number(s): Self \_\_\_\_\_ Date of birth \_\_\_\_\_

Spouse/Co App: \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

E-mail address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

E-mail address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Citizen of U.S.? Self \_\_\_\_\_ Spouse/ Co App \_\_\_\_\_

Citizen of: \_\_\_\_\_

Nature of Business or Profession \_\_\_\_\_

If retired, former business or Profession \_\_\_\_\_

Employer \_\_\_\_\_

Position held \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Lessee's Occupancy Limitation – 2 bedroom - 4 persons; 3 bedroom – 6 persons.

**Lessees may not have pets in the leased units.**

**Lessees must be in residence when having guests.**

Please state the name, relationship and age of family members who will be occupying the unit other than periodic guests.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name and address of any previous rental in Naples, Florida \_\_\_\_\_

Two personal references (known for at least 3 years) local, if possible.

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Bank reference and address \_\_\_\_\_

Have you ever been convicted of a crime involving violence to persons or property? \_\_\_\_\_

If so, give full details \_\_\_\_\_

\_\_\_\_\_

Have you ever been expelled from any social organization? If so, give full details. \_\_\_\_\_  
\_\_\_\_\_

Person to be notified in case of emergency:

Name and relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Make of car \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_ State \_\_\_\_\_

We (I) understand and agree that the Association, in the event a unit is leased, 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 Declaration of Condominium of The Terraces, a Condominium, the Association's By-Laws, The Florida Condominium Act and the Rules and Regulations of the Association. Applicant (s) agree to abide by the governing documents for The Terraces and is not limited to its Rules and Regulations.

On receipt of this form the Board may make an appointment for a personal interview.

The prospective lessee will be advised by the Association office within a 15-day period from the date of receipt of references whether this application has been approved.

We (I) acknowledge receipt of the Terraces Condominium Documents and Amended Rules and Regulations.  
Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

\_\_\_\_\_

Applicant (printed name)

Applicant (printed name)

Date application received \_\_\_\_\_ By \_\_\_\_\_

Date application approved \_\_\_\_\_ By \_\_\_\_\_

*Consistent with Section 718.111(12)©, Florida Statutes, The Terraces Condominium Association, Inc. of Naples, does not permit access by its members to information obtained in connection with the approval of the lease, sale or other transfer of a unit.*