



**PRINCETON PLACE ONE
CONDOMINIUM ASSOCIATION, INC.**

C/o American Property Management Services
8825 Tamiami Trail East, Naples, FL 34113
Ph: (239) 774-0105 / Fax: (239) 774-0112

APPLICATION FOR LEASE OR GUEST OCCUPANCY

Instructions: Please submit application, agreement and fees at least TWENTY (20) days prior to tenant occupancy to American Property Management Services. Applications received after the 20 day period will require a processing expedite fee of \$100. Any guest who plans to occupies a unit in the absence of the owner for at least seven (7) days in any calendar month shall conclusively be determined to be a tenant and subject to approval pursuant to the terms of the community covenants, in the same manner as a Tenant. All such guests and their vehicles must be registered with the Association.

SUBMIT WITH APPLICATION:

- Copy of Signed Lease Agreement
- \$50 NON-REFUNDABLE application processing fee payable to PRINCETON PLACE ONE CONDOMINIUM ASSOCIATION, INC.
- \$50 NON-REFUNDABLE application processing fee payable to AMERICAN PROPERTY MANAGEMENT SERVICES
- \$100 NON-REFUNDABLE application processing fee received after the 20 day period to tenant occupancy will require a processing expedite fee payable to PRINCETON PLACE ONE CONDOMINIUM ASSOCIATION, INC.
- 2 letters of personal reference

Please type or print legibly the following information:

APPLICATION FOR LEASE GUEST

New Lease/Guest Return Lease/Guest - if so, please indicate previous unit address and occupancy dates _____

Current Owner _____

Property Address _____ Unit # _____

Lease Start Date _____ Lease Ending Date _____ (30-day Minimum)

Name of Rental Agent/Agency Involved _____

Agent's Ph # _____ Agent's Email _____

First Applicant's Full Legal Name _____

Present Address _____ Ph # _____

City _____ ST _____ Zip _____ Cell # _____

Email _____ Driver's License # _____ St _____

Business or Profession (even if retired) _____

*Are you an active service member as defined by Florida Statute 250.01(21)? Yes _____ No _____

Second Applicant's Full Legal Name _____

Present Address _____ Ph # _____

City _____ ST _____ Zip _____ Cell # _____

Email _____ Driver's License # _____ St _____

Business or Profession (even if retired) _____

*Are you an active service member as defined by Florida Statute 250.01(21)? Yes _____ No _____

The condominium documents provide an obligation of unit owners that all 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.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to be notified in case of emergency _____

Address _____ Ph # _____

VEHICLES: (No commercial vehicles allowed)

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

Make/Model _____ Color _____ Yr _____ Tag # _____ St _____

Please initial beside each item below. If you are not in receipt of a copy of the Association Rules and Regulations, please contact the American Property Management Services to obtain a copy.

- A. It is the owner's responsibility to provide a copy of the Rules and Regulations of the Association. I/We understand and agree to abide by the Rules and Regulations of the Association and acknowledge receipt of same. _____ (Initial Here)
- B. I am not a convicted felon, nor is anyone who would reside in the unit. _____ (Initial Here)
- C. I/We understand that tenants and guests are not allowed to have pets. _____ (Initial Here)
- D. I/We understand and agree that no smoking of any kind is allowed in Princeton Place One building, including lanais. _____ (Initial Here)
- E. I/We 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, in accordance with the Governing Documents and Rules and Regulations of the Association. _____ (Initial Here)

By signing below, I/We represent that the information provided on this application is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. I/We consent to further inquiry concerning this application, particularly of the references provided.

APPLICANT SIGNATURE

Date

APPLICANT SIGNATURE

Date

Action taken by Board of Directors:

- Applicant Approved
- Applicant Disapproved

Association President / Board Member/Manager

Date