

CARRINGTON at STONEBRIDGE

CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR APPROVAL TO LEASE A CONDOMINIUM UNIT

UNIT # _____ UNIT OWNER _____

UNIT # _____ UNIT OWNER _____

I (We) hereby apply for approval to lease above unit for the period of _____
20_____ thru _____, 20_____.

_____**PLEASE INITIAL HERE:** In order to facilitate consideration of this application, I (we) represent that the following information is true and correct and agree that any misrepresentation of the facts in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application particularly of the references given below, including a criminal background and credit check. By submitting this application, I certify that I have not been a) convicted of a felony involving violence, dishonesty or moral turpitude; and b) evicted from another community or property due to misconduct or rules violations.

There is a \$100.00 non-refundable application fee and a \$40.00 background and credit check fee (U.S. background check" other countries may require an additional background fee) for each person 18 years of age or older listed on any application, made payable to Carrington at Stonebridge Condominium Association. A refundable security deposit equal to month's rent may also be required by the Association as a condition of approval, which would be applied to any property damage or fines incurred during the lessee's occupancy.

Carrington at Stonebridge ("Carrington") may be required, in its sole discretion, to consult with an attorney as a result of issues raised by your application. In that event, you agree to pay all attorneys' fees and costs incurred by Carrington in connection with your application, regardless of whether your application is approved or not.

Copy of Driver's License or copy of passport for U.S. Citizens or U.S. Legal Residence for each person 18 years of age or older listed on any application. Non-U.S. Citizens or U.S. Legal Residence must provide a copy of their passport of their country of residence and or citizenship.

Complete the Stonebridge Country Club Membership Transfer Acknowledgment and Consent Forms that in its entirety and return it with \$450.00 check payable to Stonebridge Country Club directly to:

Complete Property Management; Attention: Lee Burgin; 3050 N. Horseshoe Dr., Ste 172; Naples, FL 34104, Lee@capnaples.com.

Full Name of Applicant: _____ Date of Birth _____ SS #* _____

Full Name of Spouse: _____ Date of Birth _____ SS #* _____

* Or country of applicant's equivalent.

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? _____ YES _____ NO

Copy of Driver's License

Current Address & Phone #*: _____

E-mail: _____

Place of Business: _____

Business Address: _____

Position Occupied: _____

* Or country of applicant's equivalent.

Note: The condominium documents for the above unit restrict occupancy to two (2) adult persons per bedroom and to be used for residential use only. Please state the name, relationship, birthdate, and social security number for all persons, adult, and minors, who will be occupying the apartment unit.

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #*
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_____	_____	_____	_____
_____	_____	_____	_____

* Or country of applicant's equivalent.

THIS IS A MANDATORY FORM TO BE USED UNDER LESSOR-LESSEE/~~SALE~~ CONDITIONS. IN EITHER EVENT, IT MUST BE APPROVED OR DISAPPROVED BY THE CONDOMINIUM BOARD OF DIRECTORS. ANY MATERIAL MISREPRESENTATION ON THIS APPLICATION CAN BE GROUNDS FOR REFUSAL BY THE BOARD AT ITS DISCRETION. NO SUBLEASING OR ASSIGNMENT OF LEASES ARE PERMITTED.

List three (3) personal references (local if possible): _____

1) Bank References: NAME OF BANK ADDRESS PHONE PERSON TO CONTACT

2) Prior Home Address:

3) Name, address, and phone of person to be notified in case of an emergency: _____

4) Make and Model of Car(s)	Year	Color	Tag Number
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_____	_____	_____	_____
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5) Name, address, phone number, and e-mail of unit owner or realtor: _____

6) _____ **PLEASE INITIAL HERE:** I understand that **NO PETS OF ANY KIND ARE PERMITTED IN LEASED UNITS**. Should the Association discover that I am keeping a pet in a leased unit, the Association shall have the right to demand the immediate removal of the pet and I shall be subject to fines and possible eviction.

7) _____ **PLEASE INITIAL HERE:** I understand that Vehicles shall be parked only in the carports or designated parking spaces serving the units. Parking of cars on the street is not allowed at any time. Unless otherwise approved by the Association in writing as part of my application, I understand that I am not permitted to keep more than two (2) permissible motor vehicles on the condominium property during my occupancy.

8) _____ **PLEASE INITIAL HERE:** I (We) am (are) aware of and agree to abide by the Declaration of Condominium, Articles of Incorporation, Bylaws, and any and all promulgated Rules & Regulations in effect during the term of my (our) occupancy (lease). I am aware that occupancy is limited to two (2) persons per bedroom.

9) _____ **PLEASE INITIAL HERE:** I (We) understand and agree that the association is authorized to act with full power and authority to take whatever action may be required, including fines, suspensions and/or eviction, to prevent violations of provisions to the Declaration of Condominium, the association's Bylaws, the Florida Condominium Act, or the Rules and Regulations of the association.

10) For Tenants with leases **less than six (6) months:**

_____ **PLEASE INITIAL HERE:** I/we confirm that we have personal PL/PD insurance on this

11) For tenants for leases **greater than six (6) months:**

_____ **PLEASE INITIAL HERE:** I (We) understand that I (We) will obtain "Renters Insurance for the duration of his/her lease which includes Tenant Legal Liability for PL + PD.

SIGNATURES:

Applicant: _____ Date: _____

Applicant: _____ Date: _____

Owner:

_____ **PLEASE INITIAL HERE:** I (We) understand and agree that the association is authorized to act with full power and authority to take whatever action may be required, including fines, suspensions and/or eviction, to prevent violations of provisions to the Declaration of Condominium, the association's Bylaws, the Florida Condominium Act, or the Rules and Regulations of the association.

_____ **PLEASE INITIAL HERE:** I understand that leases shall be for a term **no less than thirty (30) consecutive days**.

_____ **PLEASE INITIAL HERE:** I understand that if a residential property is leased out for periods of Six (6) months or less, I am required to collect and remit Florida/Collier County sales tax on the amount of rental income collected. Although the sales tax is imposed on the tenant, the property owner is ultimately responsible for the collection and remittance of the tax to the Florida Department of Revenue. I also understand that I am prohibited from leasing the unit on a nightly or weekly basis and that my leasing privileges may be suspended or revoked if I advertise with services such as Airbnb or VRBO for any rental of less than 30 days.

_____ **PLEASE INITIAL HERE:** To prevent overtaxing the facilities a unit owner whose unit is leased may not use the recreation facilities or parking facilities on the Condominium property during the lease term. The unit owner shall however have those access rights granted by law to a landlord.

_____ **PLEASE INITIAL HERE:** The "lessor "(homeowner) relinquishes all rights to the club and its facilities including but not limited to parking on the premises.

_____ **PLEASE INITIAL HERE:** In order to ensure that there is adequate insurance coverage for the Association the Landlord has advised his insurance carrier that the unit in question has been leased to the above applicants.

_____ **PLEASE INITIAL HERE:** I agree that as the owner I should inspect the unit I'm leasing prior to and after a Tenant has occupied said unit.

_____ **PLEASE INITIAL HERE:** In order to ensure proper bug and pest control I/we attest to the fact that prior to renting the unit it has been cleaned and garbage has been removed and if not, I agree that the Association has the right to enter my unit for inspection. If needed I agree that the Association may hire a vendor to make the necessary changes and I agree to pay for the cleanup as well as the cost of pest control, and if requested will provide a copy of the invoice for this service to the Board of Carrington.

SIGNATURES:

Owner: _____ Date: _____

Owner: _____ Date: _____

VERIFICATION OF ACCEPTANCE / REJECTION BY ASSOCIATION

Information provided verified on Date: _____

Applicant and Co-applicant were informed of acceptance or rejection on Date: _____

Name of specific person(s) informed: _____

Acceptance or rejection was relayed in person ____ or by telephone ____ or by letter ____ or by email ____.

Name of authorized representative of Association who informed applicant and co-applicant:

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Print Name: Authorized Representative of Association

Date: _____

****** IMPORTANT: THIS APPLICATION ALONG WITH THE PROCESSING FEE AND A COPY OF THE LEASE AGREEMENT IS TO BE MAILED TO COMPLETE PROPERTY MANAGEMENT OF SWFL AT THE ADDRESS BELOW.**

**Complete Property Management of SWFL, 3050 N. Horseshoe Dr., Ste 172
Naples, FL 34104**

Phone: 239.403.4006 Fax: 239.403.4008.