



Princeton Place at Wiggins Bay Condominium One Association, Inc.

c/o Altaira Property Management
5560 Strand Ct #107 Naples, FL 34110

APPLICATION FOR LEASE OR GUEST OCCUPANCY

Instructions: Please submit application, agreement and fees at least TWENTY (20) days prior to tenant occupancy to Altaira Property Management. Applications received after the 20-day period will require a processing expedite fee of \$100. Any guest who plans to occupy 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
- \$150 NON-REFUNDABLE application processing fee payable to Altaira Property Management.
- Two handwritten letters of personal reference. See attached. (Leasing agent, relative, bank/lender are not acceptable.)

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 _____ E-Mail: _____

Property Address _____ Unit # _____

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

Name of Rental Agent/Agency Involved _____

Agent's Phone # _____ Agent's E-mail _____

1st Applicant's Full Legal Name _____

Present Address _____ Phone # _____

City _____ ST _____ Zip _____ Cell # _____

E-mail _____ Driver's License # _____ St _____



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Business or Profession (even if retired) _____

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

2nd Applicant's Full Legal Name _____

Present Address _____ Phone # _____

City _____ ST _____ Zip _____ Cell # _____

E-mail _____ 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>DATE OF BIRTH</u> |
|-------------|---------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Person to be notified in case of emergency _____

Address _____ Ph # _____

VEHICLES: (No commercial vehicles allowed)

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

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Please initial beside each item below. If you are not in receipt of a copy of the Association Rules and Regulations, please contact the Altaira Property Management at 239.361.3501 to obtain a copy.

- A. It is the owner's or leasing agent'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)



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- 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

PLEASE ALLOW UP TO TEN (10) BUSINESS DAYS FOR PROCESSING

ACTION TAKEN BY BOARD OF DIRECTORS

_____ APPROVED _____ DISAPPROVED DATE _____

Signature of Board Member or Manager

Office Held on Board



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Character Reference Form #1

Date: _____

Applicant's Reference's Name: _____

Reference's Street Address: _____

Reference's City, State, Zip Code: _____

RE: Applicant's Name: _____

Association Applying to: Princeton Place I

To Whom It May Concern:

The applicant(s) named above is applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information, you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to applicant. This completed Character Reference Form **MUST** be sent with the application in order for the Board of Directors to approve the applicant(s) purchase or lease.

Thank you for your assistance in this!

Yours truly,

Altaira Property Management

How do you know the applicant(s)? _____

For how long have you known the applicant(s)? _____

In your opinion, would the applicant(s) make a good neighbor? ____ Yes ____ No

Please describe the applicant(s) character and stability, as you know them: _____

Reference's signature: _____



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Character Reference Form #2

Date: _____

Applicant's Reference's Name: _____

Reference's Street Address: _____

Reference's City, State, Zip Code: _____

RE: Applicant's Name: _____

Association Applying to: Princeton Place I

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