

Background checks are conducted on all applicants

FAIRWAYS AT PAR ONE CONDOMINIUM ASSOCIATION, INC.
A FIFTY FIVE (55) AND OLDER COMMUNITY
4140 27th CT SW
Naples, FL 34116

Application To Lease

() I (We) hereby apply for approval to rent or lease in Bldg# _____ Unit # _____
in _____ For a period beginning _____ and ending _____

(Copy of Proposed contract must accompany this application.)

Have you rented in Fairways before yes_ no_

Please Type or Print

1. Full Name of Applicant: _____

Address: _____ City _____ State _____ Zip Code _____
Date of Birth: _____ Social Security Number: _____
Phone #'s: Home _____ Work _____ Mobile _____
Fax: _____ Email _____

Co-Applicant: _____

Address: _____ City _____ State _____ Zip Code _____
Date of Birth: _____ Social Security Number: _____
Phone #'s: Home _____ Work _____ Mobile _____
Fax: _____ Email _____

2. Occupation (if retired, former occupation): _____

Position Held: _____

Company/Firm Name: _____

Address: _____

Phone#: _____ Fax: _____

3. Name of Real Estate Agent: _____ Real Estate

Company: _____

Address: _____ Phone #: _____

Fax: _____

4. Personal References (Local, if possible. No Relatives)

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

5. Please state name, relationship, and age of persons who will be occupying the unit on a regular basis.

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

7. Vehicles: Make _____ Model _____ Color _____ YR _____ Tag# _____
State _____
Make _____ Model _____ Color _____ YR _____ Tag# _____ State _____

8. In case of emergency, Please notify:

Name: _____ Relationship: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

9. ARE ANY OF THE PERSONS LISTED ABOVE SERVICE MEMBERS IN THE UNITED STATES ARMED FORCES, FLORIDA NATIONAL GUARD OR UNITED STATES RESERVE FORCES, AS DEFINED IN S. 250.01, FLORIDA STATUTES? _____ YES _____ NO

If you answered yes, please provide a copy of the military identification along with this application.

10. I (We) authorize the Association to utilize the information contained within this application to determine the undersigns suitability to reside in this community.

11. I (We) are aware of and agree to abide by the rules and regulations of the association and any and all other property promulgated Rules and Regulations in effect within the terms of my (our) occupancy.

12. 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 that may be required, including eviction, to prevent violations by lessees and their guest. The prospective purchaser or lessee will be advised of approval status by the association within (30) days of receipt of the application.

14. Have you ever been convicted of a felony or do you presently have any litigation, civil or criminal pending against you? _____ (If Yes, please give details on reverse or on a separate piece of paper.)

16. I (We) affirm that the information is factual and true and any falsification or misrepresentation of the facts in this application shall be cause for automatic rejection and/or eviction.

17. I (We) understand that as a renter that one person 55 or older must reside in the aforementioned residence at all times. Failure to comply will constitute justification to evict.

Signature(s) _____ Date _____

Signature(s) _____ Date _____

Application is: Approved _____ Disapproved _____ Director Signature: _____

Date _____

Legible copies of Drivers Licenses of all occupants must accompany this application.