

BERMUDA ISLES II CONDOMINIUM ASSOCIATION, INC.

c/o Gulf View Property Management Inc
2335 Tamiami Trail North #505
Naples, FL 34103
Office: (239) 403-7991
Fax: (239)-403-7992

SALES/RENTAL APPLICATION FORM

Please submit application at least 30 days prior to occupancy.

Q I/We hereby apply for purchase of: 3930 / 3940 / 3950 / 3951 / 3960 / 3961 / 3970 / 3971 Leeward Passage Court, unit # _____ and for membership in Bermuda Isles II Condominium Association.
Closing Date: _____ Title Company or Attorney: _____

A copy of the Sales Contract must be attached.

Q I/We hereby apply for approval to lease: 3930 / 3940 / 3950 / 3951 / 3960 / 3961 / 3970 / 3971 Leeward Passage Court, Unit # _____ for the period beginning _____ and ending _____.

Minimum Rental Period: thirty (30) days Maximum rental period: one (1) Year

A copy of the proposed lease contract must be attached.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

1. Full Name of Applicant: _____ SS#: _____

2. Full Name of Spouse: _____ SS#: _____

3. Applicants Street/City/State Address: _____

4. _____ Email: _____

5. Telephone: (Home) _____ (Work) _____

6. Employer Name & Address: _____

7. Employer Telephone # _____ Position Occupied: _____ How Long: _____

8. Previous Landlord: _____ Telephone #: _____

9. The Homeowner's Documents of Bermuda Isles II Condominium Association provide an obligation of Unit Owners that all units are for single family residence only. Please state the name, relationship and age of all persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____

10. List names & Addresses of two (2) references. (Local if possible)

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

11. Person to be notified in case of emergency: _____

Address: _____ Telephone #: _____

12. Make of Auto(s) / Year/ License #: _____

11.a Insurance Company: _____ Policy #: _____

13. Mailing address for billings and notices connected with this application:

Name: _____ Address: _____

City/State/Zip: _____ Telephone: _____

14. Name of current unit owner: _____ Telephone: _____

15. Name of Realtor: _____ Telephone: _____

16. Financial Institution: _____

17. If this transaction is a SALE: I am purchasing this unit with the intention to (Please Check one)

- Reside here on a full-time basis reside here part-time lease the unit

I am aware of and agree to abide by the Condominium Association Documents and Rules and Regulations, including the following: _____ (Initial)

- 1. **NO pets will be permitted in tenant-occupied units.**
- 2. **Parking allowed in designated areas only.**
- 3. **NO campers, RV's, boats, trailers or motorcycles.**
- 4. **NO trucks, including pick-up trucks**
- 5. **In consideration of neighbors above, below and beside, smoking will not be allowed on unit lanais and not within 10 feet outside the lanais. *(If the owner permits smoking at all in their lease agreement)***
- 6. **NO vehicle repairs on premises**
- 7. **NO commercial vehicles**
- 8. **NO gas and/or charcoal grills**
- 9. **All vehicles must observe posted speed limits.**

I acknowledge receipt of a copy of the Association Rules and Regulations and have read and understand them.
_____ (Initial)

The seller and/or landlord is to provide the Association Documents or they can be purchased at The Fund 774-2627/800-526-3855. **Gulf View Property Management does not provide Association Documents.**

I 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, of provisions of the Documents and the Rules and Regulations of the Association. _____ (Initial)

I agree to pay a **non-refundable \$100.00 Fee** in connection with the transfer, sale or lease to cover administrative expenses of the approval process, which include, but are not limited to, personal interviews, credit inquiries, criminal background check and the checking of references. I agree to submit the fee payable to **Bermuda Isles II Condominium Association.**

_____ Applicant Signature	_____ Date	_____ Applicant Signature	_____ Date
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BOARD APPROVAL

BOARD DISAPPROVAL

APPLICATIONS

ARE NOT COMPLETE WITHOUT THE FOLLOWING

AND WILL BE SEND BACK TO THE APPLICANT:

Have you included the following with your application:

- q A copy of your sales/lease agreement or contract**
- q \$100.00 Application Fee, made payable to Bermuda Isles II Condominium Association**
- q Initialed, where indicated on the Application**
- q Completely filled out and signed all attached forms**
- q Signed the Application**

**PLEASE DO NOT SUBMIT YOUR APPLICATION
UNTIL YOU HAVE ALL OF THE ABOVE**

NATIONAL TENANT NETWORK

PLEASE PRINT CLEARLY

PLEASE VERIFY INFORMATION

Subscriber: _____ Access # _____ Time: _____
Date: _____
Phone #: _____

Request for Tenant Performance

Applicant: _____ SSN # _____ - _____ - _____
Driver's License # / State _____ DOB _____ / _____ / _____
Co-Applicant: _____ SSN # _____ - _____ - _____
Driver's License # / State _____ DOB _____ / _____ / _____

Present Address: _____ Rent Amount: \$ _____
Current Landlord: _____ Phone: _____ How Long? _____
Previous Address: _____ Rent Amount: \$ _____
Previous Landlord: _____ Phone: _____ How Long? _____

Present Employer: _____ Phone # _____
Position: _____ Supervisor: _____
How Long? _____ Gross Income: \$ _____ per week () per month () per year ()
Other Income: \$ _____ per week () per month () per year ()
Co-Applicant Employer: _____ Phone # _____
Position: _____ Supervisor: _____
How Long? _____ Gross Income: \$ _____ per week () per month () per year ()
Other Income: \$ _____ per week () per month () per year ()

Manager / Leasing Agent: _____
Rental Address: _____ Rent Amount: \$ _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THE INFORMATION GATHERED ON AND FROM THIS FORM AND THE RENTAL AGREEMENT – MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTE I VACATE THE PREMISES.

TENANT SIGNATURE: _____ DATE: _____
TENANT SIGNATURE: _____ DATE: _____