

Rev. App. _____ Rev. App. Fee _____ Eml Mgt. _____ Rev. Dd/Stlmnt _____ ACT! _____ Updt Drctry _____ Ldgr _____ Updt Grp. Email _____ Bkgrnd Ck: _____ COA _____ Aprvl _____ Estpl Rcvd. _____ Eml Estpl. to Mgt. _____ Eml Apprvl _____



3200 Villagewalk Circle Ste. 100
Naples, FL 34109
Phone: 239-594-8044 Fax: 239-594-7588
e-mail: act@villagewalkofnaples.com
(Revised 7/01/18) sgc

Office Use Only

Date Rcvd.

APPLICATION OF LEASE RENEWAL OF RESIDENTIAL UNIT

LEASE:

[] I hereby apply for approval to lease the residence located at (property address)

_____, Naples, FL for the
period beginning: Month: _____ Day: _____, Year: 20_____,
and ending Month: _____ Day: _____, Year: 20_____.

(Minimum lease term is at least four (4) months. Maximum lease term is one (1) year, renewable each year, application fees apply –see page 5.)

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification, misrepresentation or **incomplete information** on this application will **justify its disapproval**. **I consent to your further inquiry concerning this application, particularly of the references given below and a criminal and financial investigation into my background. I agree to pay Village Walk of Naples, Inc. a non-refundable application fee of \$20.00 per applicant payable by check to Village Walk HOA of Naples.** I understand that if I have not submitted a Lease Renewal Application and updated lease agreement by the current lease expiration date, all car passes and key cards assigned to me will be deleted from the system and my gate access privileges will be terminated. **Initial: _____ / _____**

Please type or print legibly:

All pages MUST be completed entirely and initialed at the bottom-right of each page.

1. Full Name of Applicant: _____ (including middle initial)
Date of Birth: ____/____/____ SS# of Applicant: _____
(DOB and SS# is required, no exception)
2. Full Name of 2nd Applicant (if any): _____ (including middle initial)
Date of Birth: ____/____/____ SS# of Applicant: _____
(DOB and SS# is required, no exception)
3. Full Name of 3rd Applicant (if any): _____ (including middle initial)
Date of Birth: ____/____/____ SS# of Applicant: _____
(DOB and SS# is required, no exception)
4. Home Address: _____
City _____, State _____ Zip _____
Telephone #'s: Home: (____) _____
Business: (____) _____ Cell: (____) _____
E-mail: _____
7. The governing documents of Village Walk restrict units to use as single family residences only. Please state the name and relationship of all other persons other than the applicant who will be occupying the unit on a regular basis. (Anyone over the age of 18 must complete a background check and is subject to a \$20.00 fee.)

_____, _____

Initial: _____ / _____

All pages MUST be completed entirely and initialed at the bottom-right of each page.

By signing this document I, the tenant, confirm that I am aware that I must follow the Rules and Regulations as outlined and signed in my previous lease application. If at any time I am unsure of the current Rules and Regulations I am aware that I am able to request a copy from the Town Manager's Office.

Application must be **complete** and returned to the following address below **at least 10 days prior to the beginning of a LEASE**. Fax or mail (originals) and all completed documents to:

**Village Walk of Naples, Inc.
3200 Villagewalk Circle Ste. 100
Naples, FL 34109**

*The following items **MUST** be included at the time the application is submitted to Village Walk of Naples, Inc. **An incomplete Sales/Lease will cause delay in processing.***

Check List: _____ Fully completed application
_____ Copy of executed lease contract
_____ \$20.00 Lease Renewal Fee (each person residing in the home)

Tenant Signature/Date

Tenant Signature/Date

For Office Use Only

Application Approved: _____ Application Disapproved: _____

Date: _____ By: _____, Donna Canning , LCAM
(Officer/Director or Authorized Representative)

Initial: ____ / ____