## **CLUB HOMES I AT HERITAGE GREENS**

C/O ABILITY MANAGEMENT 6736 LONE OAK BLVD NAPLES, FL 34109 PHONE 239-591-4200 FAX 239-596-1919

## **LEASE APPLICATION**

APPLICATION MUST BE SUBMITEED (20 BUSINESS DAYS PRIOR TO THE COMMENCEMENT OF LEASE). INCOMPLETE APPLICATION WILL BE RETURNED. A HOMEOWNER WISHING TO LEASE THEIR UNIT MUST HAVE OWNED THE UNIT FOR 24 MONTHS PRIOR TO LEASING, LEASING IS ON A LOTTERY BASIS ONLY 8 UNITS ARE PERMITTED IN THE SAME CALENDAR YEAR.

UNITS ARE PERMITTED IN THE SAME CALENDAR TEAR.			
The undersigned hereby applies for approval to lease.	New Lease Renewal of Lease Repeat Tenant/Seasonal Lease		
REMIT THE FOLLOWING FEES APPLICABLE ARE NOT REFUNDABLE			
1. Lease Application			
2. Copy of Signed Lease Contract Agreement			
3. Copy of Legible Driver(s) License (For each applicant)			
4. 3 Personal Reference Letters (New Leases)			
5. Application Processing Fee \$50.00 PAYABLE TO A	BILITY MANAGEMENT		
6. Application Fee \$100.00 PAYABLE TO CLUB HOMES 1- **Includes background Check			
**Background Fee and Application Fee to Clu Leases are only valid for 1 year and Reno THE MINIMUM LEASE PERIOD IS 30 CONSECTIVE DAYS In order to facilitate consideration of this application, the under and true, and agrees that any falsification or misrepresentation inquires concerning this application, particularity of the reference	ewal Leases must be made Annually.  5, THE MAIXIMUM IS 1 YEAR.  resigned represents that the following information is factual to the Association is authorization to make further		
DATES OF LEASE: FROM	TO:		
PROPERTY ADDRESS:			
OWNERS NAME:			
OWNERS TELEPHONE: HOME:	MOBIL:		
OWNERS EMAIL:			
PLEASE TYPE OR PRINT LEGIBLY T	HE FOLLOWING INFORMAITON		
FULL NAME OF APPLICANT			
FULL NAME OF CO-APPLICANT			

HOME ADDRESS\_

TELEPHONE: (HOME)	(MC	BIL)
APPLICANT EMPLOYER:	(PH	ONE)
POSITION:		
	(PH	
POSITION:		
		t or proposed primary occupant.
THREE LETTERS OF PERSONAL RE	FERENCES MUST BE ATTACHED. LIS	ST NAMES & ADDRESS. (LOCAL IF POSSIBLE)
NAME	ADDRESS	
CITY/STATE	ZIP CODE	PHONE
NAMES	ADDRESS	
CITY/STATE	ZIP CODE	PHONE
NAME	ADDRESS	
CITY/STATE	ZIP CODE	PHONE
NAME	AGE	RELATION TO APPLICANT
DEDSON TO BE NOTIFIED IN CASE		
ADDRESS	OF EMERGENCI	
MAKE OF AUTOMOBILE 1 STATE: MAKE OF AUTOMOBILE 2	LICENSE #	YEARCOLORYEARCOLOR
STATE	LICENSE #	COLOR
CLUB HOMES , ANY OR ALL PROPE THE OCCUPANCY AS PROVIDED BY		
APPLICANT	DATE	CO-APPLICANT
( ) INTERVIEW REQUEST PRIOR TO BOAR	D APPROVAL ( ) BOARD APPROVAL ( ) BC	ARD DISAPPROVAL
DATE:	RV·	

OFFICER OR DIRECTOR