



**SUNGATE VILLAS AT FOUNTAIN LAKES CONDOMINIUM
ASSOCIATION, INC.**

LEASE APPLICATION

Mail: _____ OR _____ Drop off:

**Sungate Villas at Fountain Lakes COA
C/O Towne Properties
1016 Collier Center Way, Suite 102
Naples, FL 34113
Telephone (239) 596-1031 > Fax: (239) 596-1082**

Please submit application at least 20 days prior to lease date.

ATTACH THE FOLLOWING

All Application Fees are Non Refundable

- **3 Letters of Personal Reference**
- **Copy of Lease Contract**
- **Application Fee \$50.00 payable to Towne Properties**
- **Application fee \$50.00 payable to Sungate Villas at fountain Lakes COA**
- **Background Check Fee \$50.00 payable to Towne Properties**
- **Copy of Drivers License**
- **Convenience Fee \$50.00 payable to Towne Properties if complete application package is not receive 20 days prior to commencement of Lease.**

I (We) hereby apply for approval to lease: Address: _____

In Sungate Villas at Fountain Lakes Condominium Association, Inc.

Lease Term Starting date: _____ End date: _____

Realtor or Attorney: _____

Contact Name: _____

Phone Number: _____

Email: _____

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION:

1. Full name of Applicant: _____ D.O.B. _____

2. Full name of Spouse: _____ D.O.B. _____

3. Home Address: _____

4. Telephone: Home: _____ Work: _____

5. Email Address: _____

6. Employer: _____

Position Occupied: _____

7. The unit owner's documents of [insert name of Community Association here] 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.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Address: _____ Phone: _____

9. Make of automobile(s) / year / license number: _____

(No commercial or oversized vehicles outside) _____

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

Name: _____ Address: _____

City/State: _____ Zip: _____ Phone: _____

12. Name of current unit owner: _____ Phone: _____

13. Email Address: _____

14. Agent / Company: _____ Phone: _____

15. I am aware of and agree to abide by the Community Association Documents and Rules & Regulations. I acknowledge receipt of a copy of the Association rules _____ (**initial here**). (Property owner should provide buyer with the Community Association Documents or they may be obtained through Lee County. Towne Properties does not provide Association Documents.)

16. 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, in accordance with the Documents and the Rules and Regulations of the Association.

LESSEES and or their GUESTS WILL NOT BE PERMITTED TO BRING PETS ONTO THE PREMISES.

Applicant Date

Applicant Date

Applicant Approved Applicant Disapproved

Board Member / Property Manager Date

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING
AGENCY**

(PLEASE PRINT OR TYPE)

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER & STATE

DATE OF BIRTH*

GENDER* (M or F)

LAST NAME

FIRST NAME

MIDDLE NAME

OTHER NAMES USED (alias, maiden, nickname)

YEARS USED _____

CURRENT STREET ADDRESS

CITY

STATE

ZIP

DATES LIVING HERE _____

PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS
(If you need additional space please use the back of this form)

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX

CITY

STATE ZIP

DATES LIVED HERE _____

STREET/P.O. BOX **CITY** **STATE** **ZIP**

DATES LIVED HERE _____

STREET/P.O. BOX **CITY** **STATE** **ZIP**

DATES LIVED HERE _____