

# REQUEST FOR APPROVAL TO LEASE

ANCHORAGE OF NAPLES CONDOMINIUM ASSOCIATION, INC.  
c/o Vesta Property Services  
27180 Bay Landing Drive, Suite 4 - Bonita Springs, FL 34135  
239-947-4552 FAX 239-495-1518

*Please print or type:*

Dates of Lease Period: From: \_\_\_\_\_ To: \_\_\_\_\_

**Minimum lease period = 30 days. Copy of signed lease agreement must be attached to application.**

Number of persons to occupy unit \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **UNIT #** \_\_\_\_\_

Realty firm or individual executing lease \_\_\_\_\_

Agent: \_\_\_\_\_ Phone \_\_\_\_\_

Applicant is an active member of the United States Armed Forces? \_\_\_\_\_ YES \_\_\_\_\_ NO

## APPLICANT INFORMATION

Name \_\_\_\_\_

Last or present address \_\_\_\_\_

Phone(home) \_\_\_\_\_ Phone(cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Drivers License # (provide copy) \_\_\_\_\_ State issued \_\_\_\_\_ Expiration \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Last or present address \_\_\_\_\_

Phone(home) \_\_\_\_\_ Phone(cell) \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Drivers License # (provide copy) \_\_\_\_\_ State issued \_\_\_\_\_ Expiration \_\_\_\_\_

\_\_\_\_\_

## NAMES OF ALL OTHERS WHO WILL OCCUPY THE UNIT:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**VEHICLE:**      **YEAR**   **MAKE**                      **MODEL**    **LICENSE PLATE NUMBER**

\_\_\_\_\_

\_\_\_\_\_

*NO motorcycles, campers/RV's/motor homes, boat trailers, PWC, commercial vehicles, trucks (limited per rules).  
If vehicle to be a rental, lessee will provide Vesta with vehicle information ASAP.*

*Unregistered vehicles subject to towing at owners expense.*    **PLEASE INITIAL** ( \_\_\_/\_\_\_ )

**SMOKING** - prohibited in all common & limited common areas including lanai **PLEASE INITIAL** ( \_\_\_/\_\_\_ )

**PET** (*Limit 1 per unit, if allowed by owner*)  
Breed \_\_\_\_\_ Weight \_\_\_\_\_ (not to exceed 25 lbs. at maturity)

**TWO PERSONAL REFERENCES: full name, address and phone number**

1) \_\_\_\_\_

2) \_\_\_\_\_

**Application Statement (Applicant must initial beside each statement)**

\*I/we have received, read & understand the Association Rules ( \_\_\_/\_\_\_ )

\*I/we agree to abide by all covenants, restrictions, rules of the Association ( \_\_\_/\_\_\_ )

\*Applicant(s) statements herein are true and correct ( \_\_\_/\_\_\_ )

**PLEASE ATTACH A COPY OF THE LEASE AGREEMENT AND THE \$50.00, NON-REFUNDABLE FEE MADE OUT TO ANCHORAGE CONDOMINIUM**

Applicant may not occupy the premises until final approval of this application by the Board of Directors. Occupancy prior to approval will constitute automatic disapproval of this application and steps for eviction of applicant will be taken.

Applicant will be notified within twenty (20 days) of Board's decision.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Realty Agent/Owner

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Applicant

Date received \_\_\_\_\_ Application fee received? \_\_\_\_yes \_\_\_\_no

Received by \_\_\_\_\_

Approved \_\_\_\_ Disapproved \_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ (Board Member/CAM)