

THE ISLAND ASSOCIATION
Naples, Florida
c/o Vesta Property Services
27180 Bay Landing Drive, Suite 4
Bonita Springs, FL 34135
Phone: (239) 947-4552 Fax: (239) 495-1518
Kenneth Casey, Property Manager

**APPLICATION FOR APPROVAL
TO LEASE CONDOMINIUM UNIT**

Date: _____ **Unit #:** _____ **Owner/s:** _____

Please check appropriate box:

I/We hereby apply for approval to lease the above unit for the period beginning _____ and ending _____. A complete copy of the signed lease is attached.

In order to facilitate consideration of this application, I/We declare that the following information is factual and correct, and agree that any falsification or misrepresentation of the facts in this application will justify automatic disapproval. I/We consent to further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

APPLICANT IS AN ACTIVE MEMBER OF THE UNITED STATES ARMED FORCES? _____ YES _____ NO

1. **Name/s of Applicant/s:** _____ **SSN** _____
2. **DOB** _____

1.a. **Name:** _____ **SSN** _____
2.a. **DOB** _____

2. **Present Address:** _____

(Include full address with city, state & zip code)

3. **Phone Number** (Home) _____ (Business) _____ (Cell) _____
E-Mail _____ **Fax** _____

4. Nature of business or profession (if applicable): _____

5. Business Name: _____

6. Business Address: _____
(Include full address with city, state & zip code)

7. Per the documents of this association, all units are to be used as a single family residence only. Please state the name/s, relationship and age of all other persons who will be occupying the unit.

Name	Relationship	Age	SSN & DOB (if 18 or older)
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8. **Two (2) personal references** (local if possible), must be attached and submitted with this application.
9. **Bank References:** _____
10. Name & address of current landlord (if applicable): _____

 (Include full address with city, state & zip code)
11. Prior home address: (if applicable) _____

 (Include full address with city, state & zip code)
12. Make, model, year and license plate number of all cars: _____

13. I am aware of and ***agree to abide by the Declaration of Condominium, the Articles of Incorporation, By-Laws and the rules and regulations*** in effect within the terms of my occupancy or ownership.
14. I understand, agree and authorize the association or its agents, in the event it approves a lease, 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 to the documents and/or rules and regulations of the association.
16. This application will not be considered without the **\$100.00 application fee. Please make check payable to The Island Association of Naples.**

APPLICANT: _____ **APPLICANT:** _____
 (Signature) (Print full name)

APPLICANT: _____ **APPLICANT:** _____
 (Signature) (Print full name)

HAVE YOU ATTACHED: _____ Signed application _____ Application fee
 _____ Copy of lease _____ two (2) reference letters

* **DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY** *

Application Approved: _____ **Disapproved:** _____

By: _____ **Date:** _____
 (President or Manager)

RULES AND REGULATIONS
OF
THE ISLAND CONDOMINIUM

In addition to the other provisions of the By-laws, the following Rules and Regulations, together with such additional rules as may hereafter be adopted by the Board of Directors, shall govern the use of the Condominium Property, the Units located on the Property and the conduct of the residents thereof.

1. Each Unit shall be used only for residential purposes and may not be used for any business or commercial purpose whatsoever.
2. Unit Owners shall not use or permit the use of their premises in any manner which would be disturbing or a nuisance to other Unit Owners.
3. The use of the Units shall be consistent with existing laws and these restrictions. No immoral, improper, offensive or unlawful use shall be made of the Condominium Property nor any part of it. All valid laws, deed restrictions, zoning ordinances, and regulations of all governmental bodies or area associations having jurisdiction, shall be strictly observed.
4. No Unit may be lease for less than a one (1) month period of time. All leases must be in writing and a copy must be furnished to the Association by the Unit Owner. The sale, transfer or lease of any Unit is restricted and controlled by the Declaration. Prospective buyers and renters must fill out the proper application and must be approved by the Board before occupancy.
5. The total number of residents and guests permitted overnight in a Unit, or permitted to reside in a Unit during any twenty-four (24) hour period, shall not exceed six (6) persons in a two bedroom Unit.
6. All Unit Owners must notify the Association prior to, or immediately upon, occupancy giving the names of all persons occupying the Unit and the dates of their arrival and departure. Unit Owners will be held responsible for all conduct of their guests or lessees, and shall be held liable for any damage caused by them. Adults are responsible for the behavior of their children.
7. If a Unit is owned by a corporation or other entity, the Owner must designate one person as its agent to receive notices.
8. No alterations or structural changes shall be made in any Unit without the approval of the Board of Directors.
9. Common Elements may not be obstructed, littered, misused or defaced in any manner.
10. No Unit Owner shall post any advertising or sign on his Unit or the Condominium Property.
11. Owners and occupants of Units shall exercise consideration to minimize noises and shall use musical instruments, radios, television and music players so as not to disturb other persons occupying the Units.
12. No pet shall be kept or maintained on the Condominium Property except as expressly permitted by the By-laws. Cats and dogs shall be kept on a leash while outside the Unit. In the event that any pet kept on the Condominium Property shall constitute a nuisance in the opinion of a

majority of the Board of Directors, then the Owner, when so notified in writing, shall be required to immediately remove the pet from the premises.

13. All garbage and refuse shall be deposited in the disposal installations provided for such purpose. Garbage and all refuse shall be discarded in tied plastic bags.
14. Nothing may be hung from windows or balconies of the Units. Rugs may be cleaned only within the individual Unit and not in any other portion of the Condominium Property.
15. No occupant or Owner of a Unit shall install wiring for electrical or telephone installations, or install any type of antenna, machines, air-conditioning units, exterior screening or window covers except as authorized by the Board of Directors.
16. The parking area shall be for the general use of the Unit Owners and their guests. No parking will be permitted in the spaces marked "NO PARKING" or on the grass areas. Violators' cars will be towed at the owner's expense. All vehicles must be operational in the event of an emergency and have current license tags/registration.
17. Children are not permitted to play on balconies, nor shall these areas be used for storage.
18. In no circumstances shall laundry, bathing suits or articles be placed on the railings of balconies for drying.
19. Children shall at all times while on the premises act in an orderly manner without creating disturbing noises or a nuisance to other residents.
20. No recreational vehicles, commercial vehicles, mobile homes, travel trailers, travel campers or other vehicles utilized for dwelling purposes, trucks or trailers of any kind, may be parked on any portion of the Condominium Property other than in such areas as the Board of Directors may designate for such parking. This rule does not apply to small commercial vehicles belonging to tradesmen making service calls at a Unit.
21. Swimming pool and pool area. The swimming pool may be used between the hours of 9:00 A M and 10:00 P M. No bather shall be in the pool unless a person competent of assuring the bather's safety in an emergency is present. Floats, rafts aquatic toys or similar objects are not permitted in the pool area. Games involving running, shouting and other disturbing conduct are prohibited. No glass containers or glasses are permitted in the pool area, State Law prohibits the preparing or eating of food in the pool area. All bathers shall shower before entering the pool for swimming. In order to maintain a private status, it is suggested that you refrain from inviting visitors, other than house-guests, to use the pool. Persons with infections or contagious health conditions are not to use the pool or furniture at pool side. No pets are allowed in the pool area.
22. Barbecue grills may not be used on porches, balconies or walkways.
23. These Rules and Regulations may be amended or added to by the Board of Directors at any meeting of the Board.
24. It is incumbent on all Owners and theirs agent to provide all tenants with a copy of these Rules and Regulations.

APPROVED BY THE BOARD AT ITS MEETING HELD MARCH 28,1990.

THE ISLAND ASSOCIATION OF NAPLES, INC.

Date: _____

Re: Unit # _____; Pet Size and Number; Rules and Regulations of the Association.

The Undersigned hereby certifies that:

_____ I/We have one dog or cat (circle one) weighing 15 lbs. or less;

_____ I/We are in possession of and have read and understood the governing documents of The Island Condominium, including the Rules and Regulations of the Association and agree to abide by their terms.

_____ I/We fully understand that, if the terms of the governing documents and Rules and Regulations are not observed, I/we may be liable for fines, damages and legal expenses for their breach.

Tenants:

_____ (*sign*)

_____ (*print*)

_____ (*sign*)

_____ (*print*)

_____ (*sign*)

_____ (*print*)



Gate Form

Name: (Last) _____ (First) _____

CHECK ONE:

Address: _____

Owner Renter

Phone/s: _____

Golf Member # _____

Email: _____

Authorization is given to the Property Management to E-Mail community information

For updates and online forms, please visit www.greaterimperial.info

CHECK ONE

- Abbey on the Lake Bermuda Greens Castlewood Charleston Square Weybridge
- Estates Imperial Gardens The Island Manors Regal Lake Golf Member
- Park Place Park Place West Wedgefield West Gate

VEHICLE INFORMATION:

Add Vehicles:

Remove Vehicles:

Make	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Color	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
State of Registration	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
License Plate #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Smart Pass #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Access List

Please indicate the name and status (Occupant (O), Relative (R), Friend (F), or Vendor (V)) of additional occupants, guests or vendors who you authorize permanent access through the front gate to your residence. Attach list if more space is needed. This will keep you from calling in to allow access to these people. Call in-- **Voice server-239-597-2005----** E-Mail **gibsecurity@comcast.net** Call or email within 24 hrs. of arrival. Pass options-1-3-7-or 30 days. If your phone numbers are registered (home or cell) you may call in from anywhere, if not you will be required to use your pin # for access.

Add Guest Names	O	R	F	V		Remove Guest Names	O	R	F	V

Owner/Renter/Member Signature _____ Date _____



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info@vestapropertyservices.com

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**AUTHORIZATION FOR RELEASE OF INFORMATION FOR
TENANT SCREENING PURPOSES**

Background Screening Disclosure

I hereby authorize Vesta Property Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for tenant screening purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: criminal history records (from local, state, federal, international and other law enforcement agencies records), sexual offender’s lists, wants and warrants records, credit history, and civil/law suit cases. Upon request Vesta Property Services will supply a copy of the completed consumer report along with a copy of an individual’s rights under the Fair Credit Reporting Act.

Authorization and Release

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant’s Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone



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I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I hereby release Vesta Property Services and its agents, officials, representatives, assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to relapse. I certify that all information provided below and on my application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for disqualification at any time. This authorization and consent shall be valid in original, fax, or copy form. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant’s Name (Print Legibly) Maiden/AKA/Previous Name (s)

Signature

_____/_____/20_____
Date

Social Security Number

_____/_____/_____
Date of Birth

Driver License Number State

Current Address

(_____) _____
Phone