

**MARBELLA LAKES CONDOMINIUM
ASSOCIATION, INC.
C/O SOUTHWEST PROPERTY
MANAGEMENT
1044 CASTELLO DRIVE, SUITE 206
NAPLES, FL 34103-1900
PHONE (239) 261-3440 / FAX (239) 261-2013**

APPLICATION FOR RENTAL

- \$100.00 Non-Refundable App. Fee Check, payable to Marbella Lakes Condominium Assn.**
- One Month Security Deposit**
- Completed Lease Agreement and Addendums**
- Copy of driver's license attached (Each Applicant)**

APPROVAL REQUIRED –

Application must be delivered / mailed to Southwest Property Management office at above address. All documents must be submitted with the application. Please allow 30 days for processing and approval prior to closing date. Incomplete Applications will be returned to sender. Please do not bend fold or staple applications as this will delay application processing.

Contact Property Manager: (239) 430- 5690 or e-mail kbill@swpropmgt.com

PROPERTY INFORMATION

STREET ADDRESS
NAME AND MAILING ADDRESS OF CURRENT OWNER

APPLICANT INFORMATION

APPLICANT NAME	CO-APPLICANT NAME
PRIMARY CONTACT #	PRIMARY CONTACT #
EMAIL	EMAIL
CURRENT MAILING ADDRESS	CURRENT MAILING ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
EMERGENCY CONTACT NAME & TELEPHONE	EMERGENCY CONTACT NAME & TELEPHONE
MARTIAL STATUS MARRIED () SINGLE ()	MARTIAL STATUS MARRIED () SINGLE ()

PRIOR ADDRESS	PRIOR ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP
OWNED OR LEASED HOW LONG	OWNED OR LEASED HOW LONG

APPLICANT INFORMATION

Please state the name and relationship of all other persons other than the Applicant who will be occupying the unit on a regular basis.

OTHER OCCUPANTS

NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB
NAME	RELATIONSHIP	DOB

ADDITIONAL INFORMATION

EMPLOYMENT HISTORY

ARE YOU: Self-Employed? Yes () No () Retired? Yes () No ()

EMPLOYER	CO-APPLICANT/SPOUSE EMPLOYER
CITY-STATE-ZIP	CITY-STATE-ZIP
PHONE #	PHONE #
EMPLOYED FROM: TO:	EMPLOYED FROM: TO:
DEPARTMENT OR POSITION	DEPARTMENT OR POSITION
SUPERVISOR	SUPERVISOR
MONTHLY INCOME	MONTHLY INCOME

VEHICLE INFORMATION

If you have any recreational vehicles, (vans, boats, motorcycles) please specify.

NOTE: Certain vehicles may be prohibited.

MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #
MAKE	MODEL	COLOR	STATE	TAG #

PET INFORMATION

(Write none if no pets)

TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT
TYPE	BREED	RABIES LICENSE TAG #	COLOR	WEIGHT

ADDITIONAL INFORMATION

I hereby apply for approval to lease a condominium in MARBELLA LAKES a Condominium Association.

I am aware of and agree to abide by the MARBELLA LAKES CONDOMINIUM ASSOCIATIONS Declaration, the Articles of Incorporation and Bylaws of the Association, and I acknowledge a receipt of a copy of the Association rules.

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 in this application will justify its' disapproval. I consent to your further inquiry concerning this application, particularly of the references given and an investigation into my background.

Signature

Date

Printed Name
APPLICANT #1

Signature

Date

Printed Name
APPLICANT #2

MARBELLA LAKES CONDOMINIUM ASSOCIATION

ADDENDUM TO LEASE

In the event Lessor is delinquent in his/her obligation to pay to Association any general or special assessments, or any installment, Association shall have the right, but not the obligation, to require Lessee to pay said rental installments, or the portion thereof sufficient to pay said delinquent maintenance assessments, directly to Association, upon Association giving written notice of exercise of such right to Lessee and Lessor. This right of Association is cumulative and in addition to any and all other rights or remedies Association may have against Lessee or Lessor.

Unit No: _____

Date: _____

Lessor (Owner)

Lessee (Tenant)

MARBELLA LAKES CONDOMINIUM ASSOCIATION

ADDENDUM TO LEASE

Lessee will (1) keep the premises clean, sanitary and in good condition and upon termination of the tenancy, return the premises to Lessor in a condition identical to that which existed when Lessee took occupancy, except for ordinary wear and tear (2) immediately notify the Lessor and On Site Property Manager of any defects or dangerous conditions in and about the premises of which Lessee becomes aware. In the event Lessee has problems or issues with the unit, the Lessee must immediately notify the Lessor/Unit Owner as well as the Property Management Office for resolution to the problem.

Unit No: _____

Date: _____

Lessor (Owner)

Lessee (Tenant)

Consent to Background Investigation and Release of Liability

I (we) understand that the Board of Director of the Marbella Lakes Condominium Association, Inc. may cause to be instituted an investigation of my background as the Board may deem necessary. Accordingly, I (we) specifically authorize the Board of Directors or G.R.S. Management Association Inc to make such an investigation and agree that the information contained in this and the attached application may be used in such an investigation and that the Board of Directors, Officers, and Southwest Property Management shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board of Directors or its authorized agents.

In making the foregoing application, I (we) am (are) aware that the decision of Marbella Lakes Condominium Association Inc will be final and no reason will be given for action taken by the Board of Directors. I (we) agree to be governed by the determination of the Board of Directors.

Applicant Signature and Date

Social Security Number and Birthdate

Applicant Signature and Date

Social Security Number and Birthdate