

TURTLE LAKE GOLF COLONY CONDOMINIUM ASSOCIATION, INC.

180 Forest Lakes Blvd., Naples, FL 34105

Telephone: (239) 263-3587

Email: Admin@turtlelakegolfcolony.com

FIRST TIME SEASONAL RENTER APPLICATION

(Minimum rental term is one (1) month - Maximum rental term is six (6) months)

Maximum occupancy= one (1) bedroom: three (3) people; two (2) bedroom: four (4) people.

BUILDING NUMBER: _____ UNIT NUMBER: _____ BUILDING ADDRESS: _____

PARKING SPACE: _____ TERM OF AGREEMENT/LEASE: (START DATE) _____ (END DATE) _____

Is any applicant serving as a member of the United States Armed Forces on active duty or State active duty or is any applicant a member of the Florida National Guard, Air National Guard or United States Reserve Forces?

_____ **No** _____ **Yes** (If yes, place a check mark in front of the level of service below.)

_____ Federal Active _____ State Active _____ FL National Guard _____ U.S. Reserve Forces

*Section 83.683, Florida Statutes requires the association complete processing of a rental application submitted by a service member, as defined in Section 250.01, Florida Statutes, within 7 days after submission; and (ii) within such 7-day period, notify the service member in writing of the approval or denial of the rental application.

DOCUMENTS REQUIRED

The Board of Directors will normally respond within ten (10) business days after receiving a complete application.

- Turtle Lake Application pages 1 though 6
- Copy of the terms of agreement or lease between the landlord and the tenant(s)
- COLOR COPY of a photo identification card (for all adult applicants eighteen (18) years old and above)
- \$150.00 non-refundable application processing fee (check payable to: Turtle Lake Golf Colony)

FOR TURTLE LAKE OFFICE USE ONLY

PROCESSING FEE: MONEY ORDER# _____ CHECK # _____

APPLICATION APPROVED: APPLICATION DENIED: DUE TO: _____

AUTHORIZED SIGNATURE

DATE:

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APPLICANT INFORMATION

LIST ALL APPLICANTS (ADULTS AND CHILDREN) PLANNING TO OCCUPY IN THIS UNIT.

APPLICANT #1

Name (print first and last)	Phone Number
Home Address	City State
Email	

APPLICANT #2

Name (print first and last)	Phone Number
Home Address	City State
Email	Under 18 ___ yes ___no
	If yes, age___

APPLICANT #3

Name (print first and last)	
Home Address	City State
Email	Under 18 ___ yes ___no
	If yes, age___

APPLICANT #4

Name (print first and last)	
Home Address	City State
Email	Under 18 ___ yes ___no

APPLICANT/OCCUPANT EMERGENCY CONTACT PERSON

Name: _____ Phone Number: _____

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VEHICLE INFORMATION (Max two (2) vehicles per unit including owner vehicle)

Make: _____ Model: _____ Color: _____ Plate: _____ State: _____

Make: _____ Model: _____ Color: _____ Plate: _____ State: _____

Parking permits must be displayed on each vehicle when on property and must be obtained from the Turtle Lake office within seventy-two (72) hours of arrival. All vehicle requirements and parking rules are mandatory. To obtain parking permits bring vehicle registration and a valid driver's license to the Turtle Lake office.

APPLICANT/OCCUPANT'S RESPONSIBILITY AND ACKNOWLEDGEMENT OF UNDERSTANDING

(As indicated by signatures below)

1. ACCURACY OF INFORMATION PROVIDED: I/We verify that this entire application has been read and that all information is true and correct. I/We understand that if any of the information is false, this agreement signed with the owner and this approval will be subject to immediate termination.

2. RULES AND REGULATIONS: I/We have received, read and understand the "Rules and Regulations" of Turtle Lake Golf Colony and hereby agree to abide by the "Rules and Regulations" presently in effect and any future revisions by the Board of Directors. I/We accept full responsibility for their observance by guests, family and visitors.

3. PENALTIES/FINES: I/We further understand that the unit owner may be subject to penalties in the form of fines and/or legal action, and I/we may be evicted for any violation of documents (Declaration, Bylaws, Articles of Incorporation and "Rules and Regulations"). If one (1) violation notice or more are issued, future agreements may not be permitted or approved.

4. NON-DISCRIMINATION: I/We understand that it is not the policy of Turtle Lake Golf Colony Condominium Association, Inc. to discriminate in the approval of leases on the basis of race, color, creed, national origin, religion, sex, or family status.

5. NO MONTHLY RENT: If your lease indicates no monthly rent or an amount that is less than the current monthly maintenance fees per month and the owner defaults regarding their monthly maintenance fees, you will be responsible to pay Turtle Lake Golf Colony the current amount per month upon written notification until the end of your lease or until the owner is current on fees. Failure to pay on time will result in the parking permits being void. All vehicles will be ticketed or towed from the property.

APPLICANT 1 - SIGNATURE

DATE

APPLICANT 2 - SIGNATURE

DATE

APPLICANT 3 - SIGNATURE

DATE

APPLICANT 4 - SIGNATURE

DATE

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**ACKNOWLEDGEMENTS AND RESPONSIBILITY OF
OWNER OR AUTHORIZED AGENT**

Furnish or advise the Applicants (tenants) of the following:

- **RULES AND REGULATIONS:** Notify the applicants about the Turtle Lake Rules and Regulations booklet and supply them with the current copy of this document or notify them that an electronic copy is available at www.turtlelakegolfcolony.com and can be found under "Forms."
- **COMMON AREA KEY:** I/We will provide the approved Applicant(s) with Common Area key(s) for access to the Common Elements.
- **LEASE RULES:** I/We understand that the unit owner may be subject to penalties in the form of fees for violations of leases or lease rule infractions.

I/We authorize the applicant(s) to occupy our unit located at Turtle Lake Golf Colony for the designated term of this application/agreement.

OWNER or AUTHORIZED AGENT'S NAME: _____

PHONE NO: _____ EMAIL: _____

OWNER or AUTHORIZED AGENT'S SIGNATURE: _____ DATE: _____

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AUTHORIZATION TO RELEASE INFORMATION

I/We have been requested, by the Turtle Lake Golf Colony Condominium Association, Inc., to provide information for their use in reviewing my/our background(s). Turtle Lake Golf Colony understands that all information is to be kept strictly confidential in their records.

Therefore, I/We hereby authorize the investigation of my/our criminal activity, financial and employment histories and my/our character at my/our expense.

The release in any manner of all information by you is hereby authorized whether such information is of record or not and I/we do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

AUTHORIZATION IS VALID FOR NINETY (90) DAYS FROM THE DATE SIGNED.

_____ APPLICANT #1 NAME (Print)	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT #2 NAME (Print)	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT #3 NAME (Print)	_____ APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT #4 NAME (Print)	_____ APPLICANT SIGNATURE	_____ DATE

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ADDENDUM TO MODIFY LEASE

This Addendum modifies the lease between the landlord and the tenant applicant referenced below and, notwithstanding anything to the contrary contained in the lease, by adding the following language:

All of the provisions of the condominium documents of the Turtle Lake Golf Colony Condominium Association, Inc. are applicable to and enforceable against the tenant applicant and his/her family members, guests, licensees and invitees to abide by the condominium documents, designating the association as the landlord/landlord’s agent with the authority to terminate any lease agreement and evict the tenant(s) and his/her/their family members and guests in the event of more than one (1) violation of such condominium documents that are not cured after notice and an opportunity to comply , is deemed to be included in the lease.

TERM OF LEASE: START DATE: _____ END DATE: _____

OWNER OR AUTHORIZED AGENT (LANDLORD)		
(Please print first and last name, sign, and date in the spaces provided below.)		
Owner-Authorized Agent (print name)	Owner-Authorized Agent signature	Date
Owner-Authorized Agent (print name)	Owner-Authorized Agent signature	Date

APPLICANTS

(Please print first and last name, sign, and date in the spaces provided below.)

Applicant #1 (print name) Applicant #1 signature Date

Applicant #2 (print name) Applicant #2 signature Date

Applicant #3 (print name) Applicant #3 signature Date

Applicant #4 (print name) Applicant #4 signature Date