

# Princeton Place at Wiggins Bay Condominium Association Three, Inc.

340 Horse Creek Drive, Naples Florida 34110

www.PrincetonPlace3.com

c/o Southwest Property Management Corp.,  
1044 Castello Dr., suite #206  
Naples, FL 34103-1900

(239) 261-3440 Fax (239) 261-2013

Email: shagedorn@swpropmgt.com

## **APPLICATION FOR APPROVAL TO LEASE A CONDOMINIUM UNIT** **(To be completed by the prospective tenant: "the Applicant")**

TO: The Board of Directors of Princeton Place at Wiggins Bay Condominium Three Assoc. Inc.

I (We) hereby apply for approval to lease Unit # \_\_\_\_\_, 340 Horse Creek Drive, in Princeton Place at Wiggins Bay Condominium Three for the period beginning (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_ (**Note: 30 Day Minimum, 1 Year Maximum**).

A COMPLETE SIGNED COPY OF THE PROPOSED LEASE IS ATTACHED.

A check in the amount of \$50.00, payable to *PRINCETON PLACE THREE* must accompany this application for the purpose of defraying costs of checking references and other expenses related to the processing of this application.

In order to facilitate consideration of this application, I (We) represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its automatic rejection. I (We) consent to your further inquiry concerning this application, particularly of the references given below.

The prospective lessee or rental agent will be advised by the Management Company whether or not Board approval of this application has been granted within a 20 day period from the date the application is received.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

1. Full Name of Applicant \_\_\_\_\_
2. Full Name of Spouse \_\_\_\_\_
3. Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Telephone \_\_\_\_\_ Home  
\_\_\_\_\_ Business
4. Business or Profession \_\_\_\_\_
5. Company Name \_\_\_\_\_
6. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Two personal references

Referee 1

Referee 2

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

**(Attached Character Reference Forms to be completed by referees.)**

8. Mailing address for correspondence connected with this application:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

9. I (We) am (are) aware of and agree to abide by the Declaration of Condominium of PRINCETON PLACE CONDOMINIUM THREE, the Articles of Incorporation, Bylaws, and any and all properly promulgated rules and regulations. I acknowledge receipt of copies of the Condominium Association and Property Owner Association rules.

NO PETS ALLOWED. ONLY PASSENGER TYPE VEHICLES ARE ALLOWED OVERNIGHT - NO BOAT TRAILERS, MOTOR CYCLES, OR PICK-UP TRUCKS ALLOWED.

10. The Condominium Documents; Section 17.1 of PRINCETON PLACE CONDOMINIUM THREE provide an obligation of unit owners that all units are to be used as a single family residence only. A maximum of two (2) persons per bedroom is allowed.

11. I (We) am (are) aware of and agree that the Association and/or the management company, when the unit is leased, 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 guest of provisions in the PRINCETON PLACE CONDOMINIUM THREE Documents.

Date \_\_\_\_\_

Applicant's Signature(s) \_\_\_\_\_ Print Name: \_\_\_\_\_

Owner/Agent signature \_\_\_\_\_ Print Name: \_\_\_\_\_

APPLICATION APPROVED / DISAPPROVED

BY \_\_\_\_\_ Print Name: \_\_\_\_\_

Officer / Director / Agent