

BERMUDA ISLES II CONDOMINIUM ASSOCIATION, INC.

c/o Ability Management
6736 Lone Oak Blvd
Naples, FL 34109
Office: (239) 591-4200
Selena@abilityteam.com

SALES/RENTAL APPLICATION FORM

Please submit application at least 30 days prior to occupancy.

I/We hereby apply for purchase of: 3930 / 3940 / 3950 / 3951 / 3960 / 3961 / 3970 / 3971 Leeward Passage Court, unit # _____ and for membership in Bermuda Isles II Condominium Association. Closing Date: _____ Title Company or Attorney: _____

A copy of the executed Sales Contract must be attached.

I/We hereby apply for approval to lease: 3930 / 3940 / 3950 / 3951 / 3960 / 3961 / 3970 / 3971 Leeward Passage Court, Unit # _____ for the period beginning _____ and ending _____

Minimum Rental Period: thirty (30) days Maximum rental period: one (1) Year

A copy of the signed lease contract must be attached.

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

1. Full Name of Applicant: _____ DOB: _____

2. Full Name of Applicant: _____ DOB: _____

3. Applicants Full Address: _____

4. Email(s): _____

5. Telephone: (Home) _____ (Cell) _____

6. Employer(Name&Address): _____

7. Employer phone # _____ Position Occupied: _____ How Long: _____

8. Previous Landlord: _____ Telephone #: _____

9. The Homeowner's Documents of Bermuda Isles II Condominium Association provide an obligation of Unit Owners that all units are for single family residence only. Please state the name, relationship and DOB of all persons who will be occupying the unit regularly.

Name

Relationship

DOB

10. List names & Addresses of two (2) references. (Local if possible)

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

Name: _____ Address: _____

City/State/Zip: _____ Telephone #: _____

11. Person to be notified in case of emergency: _____ Address: _____ phone #: _____

12. Make/Model of Auto(s) Year Plate #:

11. Insurance Company: _____ Policy #: _____

13. Mailing address for billings and notices connected with this application:
Name: _____ Address: _____
City/State/Zip: _____ Telephone: _____

14. Name of current unit owner: _____ Telephone: _____

15. Name of Realtor: _____ Telephone: _____

16. Financial Institution: _____

17. If this transaction is a SALE: I am purchasing this unit with the intention to (Please Check one)
 Reside here on a full-time basis reside here part-time lease the unit

I am aware of and agree to abide by the Condominium Association Documents and Rules and Regulations, including the following: _____ (Initials)

- | | |
|---|---|
| 1. NO pets will be permitted in tenant-occupied units. | 6. NO vehicle repairs on premises |
| 2. Parking allowed in designated areas only. | 7. NO commercial vehicles |
| 3. NO campers, RV's, boats, trailers or motorcycles. | 8. NO gas and/or charcoal grills |
| 4. NO trucks, including pick-up trucks | 9. All vehicles must observe posted speed limits. |
| 5. In consideration of neighbors above, below and beside, smoking will not be allowed on unit lanais and not within 10 feet outside the lanais. | |

I acknowledge receipt of a copy of the Association Rules and Regulations and have read and understand them.
_____ (Initials)

The seller and/or landlord is to provide the Association Documents. Ability Management does not provide Association Documents.

I understand and agree that the Association, in the event it approves a lease, 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 guests, of provisions of the Documents and the Rules and Regulations of the Association. _____ (Initials)

I agree to pay all non-refundable Fees in connection with the transfer, sale or lease to cover administrative expenses of the approval process, which include, but are not limited to, personal interviews, credit inquiries, criminal background check and the checking of references.

Applicant Signature: _____ Date: _____
Applicant Signature: _____ Date: _____

BOARD APPROVAL BOARD DISAPPROVAL

Association President/Board Member: _____ Date: _____

APPLICATIONS

ARE NOT COMPLETE WITHOUT THE

FOLLOWING NOT BE PROCESSED:

Have you included the following with your application:

- A copy of your sales/lease agreement or contract**
- A Copy or driver's license 18 or older**
- Initialed, where indicated on the Application.**
- Filled out and signed all attached forms (Including national tenant Network form).**
- Signed the Application.**
- A Non-Refundable check or money order for application fee of \$80 made payable to Bermuda Isles II**
- A Non-Refundable check or money order for processing fee of \$70 made payable to Ability Management per applicant 18 or older or per married couple (if different last name must provide marriage license)**
- A Non-Refundable check or money order for background check fee of \$50 made payable to Ability Management per applicant 18 or older (New York residents must pay \$108.95 per applicant 18 or older)**

**PLEASE DO NOT SUBMIT YOUR APPLICATION
UNTIL YOU HAVE ALL OF THE ABOVE**

NATIONAL TENANT NETWORK

PLEASE PRINT CLEARLY PLEASE VERIFY INFORMATION

Time: _____

Subscriber: _____ Phone #: _____ Access #: _____

Date: _____

Request for Tenant Performance

Applicant: _____ Driver's License # / State: _____
SSN #: _____ DOB: / / _____

Co-Applicant: _____ Driver's License # / State: _____
SSN #: _____ DOB: / / _____

Present Address: _____ Rent Amount: \$ _____
Current Landlord: _____ Phone: _____
How Long? _____

Previous Address: _____ Rent Amount: \$ _____
Previous Landlord: _____ Phone: _____
How Long? _____

Present Employer: _____ Phone: _____
Position: _____ Supervisor: _____
How Long? _____

Gross Income: \$ _____ per week () per month () per year ()
Other Income: \$ _____ per week () per month () per year ()

Co-Applicant Employer: _____ Phone: _____
Position: _____ Supervisor: _____
How Long? _____

Gross Income: \$ _____ per week () per month () per year ()
Other Income: \$ _____ per week () per month () per year ()

Manager / Leasing Agent: _____
Rental Address: _____ Rent Amount: \$ _____

I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND COMPLETE AND HEREBY AUTHORIZE YOU TO MAKE ANY INQUIRIES YOU FEEL NECESSARY TO EVALUATE MY TENANCY. IF I RENT THE UNIT, I UNDERSTAND THE INFORMATION GATHERED ON AND FROM THIS FORM AND THE RENTAL AGREEMENT – MAY BE MAINTAINED BY MANAGEMENT AND NATIONAL TENANT NETWORK FOR UP TO FIVE (5) YEARS AFTER I VACATE THE PREMISES.

TENANT SIGNATURE: _____ DATE: _____

TENANT SIGNATURE: _____ DATE: _____