

BERMUDA ISLES RENTAL CHECK OFF LIST

1. _____ A copy of the signed lease agreement
2. _____ A non-refundable check or money order for application fee \$80.00 payable to Bermuda Isles I Condominium Association, Inc.
3. _____ A non-refundable check or money order for processing fee of \$70.00 made payable to Ability management for each applicant 18 years of age or older or per married couple. (If different last names must provide copy of marriage license.)
4. _____ Two (2) personal reference letters with current phone numbers. Please do not use family members or anyone connected with this application.
5. _____ COPY OF ID for each applicant, MUST be attached.
6. _____ SIGNED COPY OF THE USE RESTRICTIONS/RULES, SIGN EACH PAGE
7. _____ Mail or hand deliver entire package to Bermuda Isles I c/o Ability Management., 6736 Lone Oak Blvd, Naples FL 34109
8. _____ Approval will not be granted if incomplete.
9. _____ Email address of owner or agent to notify with lease approval: _____

NO PETS ALLOWED IN LEASED UNITS

NO MOTORCYCLES OR SCOOTERS ALLOWED IN BERMUDA ISLES

******INCOMPLETE APPLICATIONS CAN NOT BE PROCESSED. THIS WILL DELAY THE APPROVAL OF YOUR APPLICATION******

BERMUDA ISLES I CONDOMINIUM ASSOCIATION, INC RENTAL APPLICATION

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

Date: _____ Term of Lease _____ to _____

Unit Owner Name: _____

Unit Address: _____

Name of Lessee(s): _____

Current Address: _____

City: _____ State: _____ Zip: _____ How long? _____

Phone Numbers: _____

Email Addresses: _____

Number of persons to be in residence: _____ Names of persons to be in residence: _____

Current Landlord Name and Email: _____

Phone Number: _____

Applicant Current Occupation: _____ Phone: _____

Co-Applicant Current Occupation: _____ Phone: _____

Have you ever filed bankruptcy? _____ What year? _____

Been convicted of a felony? _____ What year? _____ What for? _____

Been convicted for being under the influence or dealing in drugs, including alcohol? _____ Year: _____

Vehicle Make/Model: _____ Year: _____ Color: _____ License Number: _____

Vehicle Make/Model: _____ Year: _____ Color: _____ License Number: _____

Firm/Owner to notify with approval: _____ Email: _____

The information as described above must be submitted at least **twenty (20) days** prior to the intended starting lease date.

I/WE DECLARE THE FOREGOING INFORMATION TO BE TRUE AND CORRECT. I/WE UNDERSTAND THE APPLICATION FEE IS NON-REFUNDABLE. I/WE AM/ARE AWARE OF AND AGREE TO ABIDE BY THE DECLARATION OF CONDOMINIUM, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERTY PROMULGATED RULES AND REGULATIONS OF THE ASSOCIATION AND ACKNOWLEDGE THAT THE ASSOCIATION MAY TERMINATE A LEASE UPON DEFAULT BY THE TENANT IN OBSERVING ANY OF THE PROVISIONS IN THE DOCUMENTS. I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THE RULES AND REGULATIONS. I/WE UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE.

Date: _____ Applicant Signature: _____

Co-Applicant Signature: _____

APPLICANT DO NOT WRITE BELOW THIS LINE

Application Approved: _____ Disapproved: _____

By: _____ Date: _____

Name and Title: _____

Application completed: Yes () No () Application Fees Submitted: Yes () No () Check/money order: _____

Copy of lease attached: Yes () No ()

Copy of two personal references attached with Telephone numbers: Yes () No ()

Information verification completed by: _____

Reasons for action taken: _____