

Vanderbilt Lakes Community Services Association, Inc Rental Application

Must be approved no less than twenty (20) days PRIOR to first day of rental.

OWNER INFORMATION

Property I/we wish to rent in Vanderbilt Lakes Community Services Association:

Owner's Name: _____

Address of Rental Property: _____

Owner's Contact Address: _____

Florida Phone No: _____

Dates of Rental: From: _____ to _____

Minimum rental period of thirty (30) consecutive days with maximum of four (4) rentals in any calendar year.

Owner's signature: _____

1. Applicant Information

Name: _____

Address: _____

City/State: _____ Zip: _____

Email: _____

Full name of spouse: _____

Email: _____

Home Phone: _____ Business phone: _____

Cell phone: _____

2. Motor Vehicles to be kept at the rental property

Model/Make: _____ Year: _____ Color: _____

License Plate No: _____ State: _____

Model/Make: _____ Year: _____ Color: _____

License Plate No: _____ State: _____

3. Person to be notified in case of emergency

Name: _____

Address: _____

City/State: _____ Zip: _____ Phone: _____

I/We the undersigned proposed tenants of the property indicated, do hereby agree to be bound by the Covenants and Restrictions, by-laws, Rules and Regulations of Vanderbilt Lakes Community Services Association, Inc.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Please return:

- A. The signed rental application**
- b. A non-refundable check for \$100 payable to :
Vanderbilt Lakes Community Services Association**

**Mail to: Frankly Coastal Property Management / Collier Financial
4985 Tamiami Trail East
Naples, FL 34113
Tel: (239) 774-7088**

For Property Management and Board Use:

Approved: _____ Not approved: _____ Authorized Representative: _____

Date: _____