

The Best Under the Sun

## AN INTERVIEW WITH THE BOARD OF DIRECTORS IS REQUIRED

\*New Owners cannot Rent for 1 Year\*

**DO NOT submit partial packages**. Applications are not considered received until all documentation is submitted. Incomplete applications will not be processed.

Applications *must be submitted a minimum of 20 days prior to Lease commencement /Closing date. Any* application submitted less than 30 days prior to the closing may have their start closing delayed.

Before submitting your Lease Application or Sales Application, you **MUST** have the following attached:

- Completed Application EVERYTHING must be signed and filled out in order to process.
- A non-refundable application fee of \$150.00 check or money order made payable to: **Complete Property Management**
- A non-refundable background check fee of \$50.00 is required for each applicant 18 years or older check or money order made payable to: <u>Complete Property Management</u>
- If it is a lease, a Lease Contract is required. If it is a sale, Sales contract is required (A readable signed copy.)

Please feel free to contact us at 239-403-4006 if you have further questions. You may drop off your application at the Complete Property Management Office Monday – Friday 9:00A to 4:00PM

We cannot accept faxed or emailed applications. Incomplete applications will not be processed.

C/O Complete Property Management 3050 North Horseshoe Drive #127 Naples, Florida, 34104 Phone: 239-403-4006 Fax : 239-403-4008

#### AN INTERVIEW WITH THE BOARD OF DIRECTORS IS REQUIRED FOR APPROVALJ

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or Purchase	_or Lea	ase		
Term of Lease	e	: to		
<u> </u>		Unit Addr	ess	
Name of Bi	uyer(s)	) or Lessee(s)		
	(	City	State	Zip
Phor	ne Nu	mbers:		
ler must provide th	eir co	mplete date of b	oirth and social	l security number.
ct a background chec	k and a	required for Board	l approval.	
	<u>Soci</u>	al Security Num	ber D	ate of Birth
idence:				
e in Residence: _				
	V	Veight of Pet	(in poun	ds)
lder Name and Phone	Numb	o.er		
		Phone:		
Phone:				
1 1101101	YR			
	Term of Lease Name of Bu Phor Phor der must provide th ct a background check idence: e in Residence: D; Please refer to the lder Name and Phone	Term of Lease Name of Buyer(s) Phone Nu Phone Nu der must provide their co ct a background check and <u>Soci</u> idence: idence: p; Please refer to the condo lder Name and Phone Numb	Unit Addr Name of Buyer(s) or Lessee(s) City Phone Numbers: der must provide their complete date of b et a background check and required for Board <u>Social Security Numb</u>  idence: e in Residence: Weight of Pet D; Please refer to the condo docs regarding re lder Name and Phone Numb.er Phone:	Term of Lease: to Unit Address Name of Buyer(s) or Lessee(s) CityState

Have you ever filed bankruptcy?	_What year?
Have you ever been convicted of a felony?What	t for?
Have you ever been convicted for being under the influ-	ence or dealing in drugs, including alcohol?
Year	
Please provide two personal or business references:	
Name # 1:	
Phone:Relationship:	
Name #2:	
Phone:Relationship:	 
	at the financial responsibility to maintain and replace s Property is passed to the Buyer(s) in perpetuity. mon areas or Limited Common areas other than those the family room and the garage and in the patio area in front
Buyer:	
Buyer:	_
refundable. I/We am/al e aware of and agree Incorporation, and Regulations of the Association a upon default by the Tenant in observing any of the	e and correct. I/We understand the application fee is non- to abide by the Declaration of Condominium, Articles of and acknowledge that the Association may terminate a lease e provisions in the documents. I/We acknowledge receipt of a lerstand the necessary confidential information will remain Association's Designee.
Buyer:	
Buyer:	

Lessee:	
Lessee	

AUTHORIZATION: I/We hereby authorize Complete Property Management, to verify all information contained on the application and conduct a full background check, including but not limited to credit, employment, income, eviction and criminal, and authorize that they contact any persons or companies listed on the application.

Applicant Signature	Date:
Co-applicant Signature	
Applicants do not	write below this line
Application Approved By:	Date
Application Disapproved By:	Date
Application completed: Yes ( ) No () Application Fees S	ubmitted: Yes () No:() Check#
Copy of Sales contract or Lease Attached: Yes ( ) No ( )	
Information verification completed by:	
Reason for action taken:	

Ironwood Inc,

C/O Complete Property Management, 3050 North Horseshoe Drive #127, Naples, Florida 34104; lee@cpmswfl.com, PHONE 239-403-4006, FAX (requires area code) 239-403-4008,