

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

#### \*New Owners cannot Rent for 1 Year\*

| 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<br>Name of Bu<br>Phor<br>Phor<br>der must provide th<br>ct a background check<br>idence:<br>e in Residence:<br>D; Please refer to the<br>lder Name and Phone | Term of Lease<br>Name of Buyer(s)<br>Phone Nu<br>Phone Nu<br>der must provide their co<br>ct a background check and<br><u>Soci</u><br>idence:<br>idence:<br>p; Please refer to the condo<br>lder Name and Phone Numb | Unit Addr<br>Name of Buyer(s) or Lessee(s)<br>City<br>Phone Numbers:<br>der must provide their complete date of b<br>et a background check and required for Board<br><u>Social Security Numb</u><br><br>idence:<br>e in Residence:<br>Weight of Pet<br>D; Please refer to the condo docs regarding re<br>lder Name and Phone Numb.er<br>Phone: | Term of Lease: to<br>Unit Address<br>Name of Buyer(s) or Lessee(s)<br>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:  | <br>  |
|  | at the financial responsibility to maintain and replace<br>s Property is passed to the Buyer(s) in perpetuity.<br>mon areas or Limited Common areas other than those<br>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-<br>to abide by the Declaration of Condominium, Articles of<br>and acknowledge that the Association may terminate a lease<br>e provisions in the documents. I/We acknowledge receipt of a<br>lerstand the necessary confidential information will remain<br>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,