

PORT AU VILLA

Lease Application for Approval

MAIL COMPLETED APPLICATION TO:

Port Au Villa
c/o KPG Accounting Services, Inc.
3400 Tamiami Trail N. #302
Naples, FL 34103

AR-MANAGER@KPGACCOUNTING.NET

APPLICATION CHECK LIST

Check the box that pertains to your Application

Applicant has been provided the following Documents by Homeowner:

- Approval Application
- Copy of Port Au Villa Documents, Bylaws and Rules & Regulations
- Executed Lease Agreement

Applicant has submitted the following Documents to KPG Accounting Services, Inc.:

- Completed Approval Application
- Fully Executed Lease Contract
- \$100.00 **non-refundable** Application Fee payable to Port Au Villa
- \$150.00 **non-refundable** Laundry Fee payable to Port Au Villa
- Driver's License for each adult applicant
- Copy of Background Check(s) – *Owner responsibility to provide.*
(Including but not limited to credit, eviction and criminal history)
- Proof of Payment for the Moorings Park Beach Pass

APPLICATION SUBMISSION

The application is not processed until all required documents and fees are submitted. The approval process requires up to thirty (30) days for completion from the date of complete submission of the application. For applicants who are persons serving as a member of the United States Armed Forces on active duty or state active duty and all members of the Florida National Guard and United States Reserve Forces shall be approved within seven (7) days from the date of complete submission of the application. All Service Members as defined above will be asked to provide a copy of their active Military ID for verification.

PORT AU VILLA

Application for Approval to Lease

Current owner of record/Seller: _____ Unit no. _____

Unit Address: _____

Name of Agent (if any): _____ Phone Number: _____

Email Address: _____

LEASE: I hereby apply for approval to lease unit _____ at Port Au Villa, for the period beginning _____ and ending _____.

No unit may be leased more than three (3) times per year, for a minimum lease term of sixty (60) days, and a maximum of six (6) months.

THIS FORM MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO OCCUPANCY. APPROVAL MUST BE RECEIVED PRIOR TO OCCUPANCY.

In order to facilitate consideration of this application, I represent that the following information is factual and correct and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

SECTION 1 – Occupant Information

Full name of applicant: _____

Current Address: _____

Email Address: _____ Contact Phone Number: _____

Is the applicant a United States Service Member: _____ Copy of ID Provided: _____

Nature of business or profession (if retired, former business or profession): _____

Name of Employer: _____ Phone: _____

Full name of co-applicant: _____

Current Address: _____

Email Address: _____ Contact Phone Number: _____

Is the applicant a United States Service Member: _____ Copy of ID Provided: _____

Nature of business or profession (if retired, former business or profession): _____

Name of Employer: _____ Phone: _____

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 COOPERATIVE, ARTICLES OF INCORPORATION, BYLAWS AND ALL PROPERLY 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 UNDERSTAND THE NECESSARY CONFIDENTIAL INFORMATION WILL REMAIN CONFIDENTIAL BY THE ASSOCIATION'S OFFICERS AND/OR THE ASSOCIATION'S DESIGNEE. I/WE UNDERSTAND THAT ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE ABOVE APPLICATION. FL Statute 718.116(11): If the unit is occupied by a tenant and the unit owner is delinquent in paying any monetary obligation due to the association, the association may make a written demand that the tenant pay the future monetary obligations related to the cooperative unit to the association, and the tenant must make such payment.

AUTHORIZATION: I/We hereby authorize Port Au Villa and KPG Accounting Services, Inc. to verify all information contained on the application and verify the full background check provided, including but not limited to eviction and criminal history and authorize that they contact any persons or companies listed on this application.

_____	_____
Applicant's Signature	Date
_____	_____
Co-Applicant's Signature	Date

For Office Use Only

Application Approved **Application Disapproved**

Officer or Director: _____

Signature	Date
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If you have questions, please call KPG Accounting Services, Inc. at (239) 434-8866 or email ar-manager@kpgaccounting.net.