

**APPLICATION FOR APPROVAL TO LEASE
A CONDOMINIUM UNIT**

[] I / We hereby apply for approval to lease a unit _____ in ARDISSONE, a condominium, and for the period beginning _____ and ending _____. A complete copy of the signed lease agreement is attached. See Section 13 of the Declaration of Condominium regarding the leasing of units.

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. The Association's Governing Documents and Rules and Regulations can be found on the www.ArdissoneNaples.com.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

Full name of Applicant: _____

Current Address: _____

Primary Phone: _____ Second Phone: _____

Email Address: _____

Full Name of Co Applicant: _____

Current Address if different: _____

Primary Phone: _____ Second Phone: _____

Email Address: _____

Is Applicant and/or Co Applicant currently employed? Yes _____ No _____

If Yes, Name of company: _____

Company's Website: _____

If Retired, what is the nature of the former business or profession? _____

Applicant and Co-Applicant acknowledge and agree to the following Section 13.3 of Declaration of Condominium – Occupancy during Lease Term. When a unit has been leased, the Unit may be occupied by the Lessee, his/her Family members within the First degree of relationship by blood, adoption, legal custody or marriage, and their spouses and Guests. The total number of occupants of a leased unit s limited to two (2) person per bedroom, plus two (2). Initial: _____

Vehicles: Each unit is assigned two parking spaces. Vehicles to be kept at condo during term of lease.

Type _____ License _____ State _____

Type _____ License _____ State _____

Do you know a current or former owner of the Ardissonne? Yes _____ No _____

If yes, what is their name? _____

Have you ever leased a unit at the Ardissonne? Yes _____ No _____

If yes, when? _____

Applicants acknowledge and agree that Pets are not allowed in leased units. Section 12.6 of Declaration of Condominium. Initial: _____

Section 14.3(c) lists the reasons why the Board may withhold approval of this Application. Do any of these reasons apply to Applicant or Co-Applicant, or to this application? Yes _____ No _____

I/We am aware of and agree to abide by the Declaration of Condominium of Ardisone, the Articles of Incorporation, Bylaws and any and all properly promulgated Rules and Regulations; I acknowledge receipt of a copy of the Association Rules.

I/We understand and agree that the Association, in the event that it approves a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Declaration of the Condominium of Ardisone, a Condominium, the Association's By Laws, and the Rules and Regulations.

The prospective lessee will be advised by the Association office within a 30 day period from the date of application of whether this application has been approved. (See Section 13.1(B))

Please include the following;

Copy of the Lease Contract

Applicants Driver's License if 18 and older

A non-refundable check or money order for the application fee of \$75 made payable to Ardisone Condominium Association.

A non-refundable check or money order of \$75 for the processing fee made payable to ADG4 Companies per applicant 18 and older or older or per married couple (if different last name must provide marriage license).

Date: _____

Applicant Signature: _____

Applicant Signature: _____

Application Approved _____

Disapproved: _____

Date: _____

By Officer or Director: _____

We would like to update Ardissonne Condominium Association records. Please complete the information requested below and return it to our Office. Florida Statute for Condominiums states for owner information to be included in a published directory; the below authorization must be completed, signed, and dated. **If we do not receive a signed form, your information will not be included in the next directory update.** Thank you.

Name _____
Naples _____ Unit No. _____
Northern/Other Address: _____
Naples Phone: _____ Business Phone _____

REQUEST AND AUTHORIZATION TO BE LISTED IN ASSOCIATION OWNER DIRECTORY

I/We the undersigned Owners of Unit _____ in Ardissonne Condominium Association, hereby authorize our name, address, email address, and telephone number to be published in the Association owner directory. I/We understand that the directory will be distributed to all Owners.

Sign Name _____ Date _____

Print Name

Sign Name _____ Date _____

Print Name

