

**COVE TOWERS PRESERVE  
CONDOMINIUM ASSOCIATION, INC.**

465 Cove Tower Drive – Naples, FL 34110

Phone: 239-593-3977/Fax: 239-593-3492 Email: covetowerspreserve@gmail.com

## **Lease Application Package**

TENANTS AND UNIT OWNERS UNDERSTAND AND ACKNOWLEDGE THAT ANY LEASE FOR A UNIT AT COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC. (hereafter referred to as the ASSOCIATION) MUST RECEIVE THE WRITTEN APPROVAL OF THE BOARD OF THE ASSOCIATION, OR AGENT THEREOF, AND WITHOUT SUCH WRITTEN APPROVAL THE OCCUPANCY OF SUCH A UNIT BY ANYONE OTHER THAN THE OWNER IS IN VIOLATION OF THE GOVERNING DOCUMENTS OF COVE TOWERS PRESERVE CONDOMINIUM ASSOCIATION, INC.

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**APPLICATION FOR APPROVAL TO LEASE**

**NOTE:** Lease term minimum of ninety (90) days for units purchased after 8/1/2005. Lease term minimum of thirty (30) days (maximum 4x per year) for units purchased before 8/1/2005

**In keeping with the governing documents of the Association, please submit this form not later than fifteen (15) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy.**

Current Owner of Record \_\_\_\_\_

Montego / Nevis (Circle One) Unit # \_\_\_\_\_

Term of Lease: From \_\_\_\_\_ To \_\_\_\_\_

Have you leased at Cove Towers Preserve in the past?  Yes  No

If yes, please provide dates \_\_\_\_\_

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE at Cove Towers Preserve IN ACCORDANCE WITH THE DECLARATION OF CONDOMINIUM. THE APPLICANT(S) represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

Persons who will occupy the above condominium unit are as follows:

Name Primary Tenant(s) \_\_\_\_\_

Other occupant names	Relationship to tenant	Age

**NOTE:** Occupancy is restricted to no more than two (2) persons per bedroom, including children. All prospective residents older than 18 years must also be on the lease application. All vehicles must be registered to the occupants on the lease and the Association's lease application. Background checks may be required for any occupant 18 years of age or older at the discretion of the Association.

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Applicant's Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Unit \_\_\_\_\_

How long at this address? \_\_\_\_\_ Current Phone # \_\_\_\_\_

Nature of Business or Profession: \_\_\_\_\_

Company or Firm Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Vehicle(s) that will be parked on property:**

Vehicle	Year	Make	Color	License plate	
				State/province	Number
Vehicle #1					
Vehicle #2					

Please check box (✓) if Rental vehicle  or unknown  .

**(Tenant(s) must display a temporary parking permit on dashboard of vehicle or have a parking decal at all times)**

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**Personal Information**

*(Must be completed by every occupant over 18)*

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

The way to contact me is by:

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Other phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of current landlord (please provide personal contact information including phone numbers and e-mail address for verification):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My current employer is (please provide name, address, phone, and name to contact for verification):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to provide an ID that may be requested by the Association Manager.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Acknowledgements**

**(Must be completed by all occupants over 18)**

\_\_\_\_\_(initials) I understand and agree that the Association, in the event my lease application is approved, is authorized to act as the Owner's agent, with full authority to take whatever action may be required, up to and including Eviction, to prevent violations by lessees and their guests, of provisions of the Documents and Rules and Regulations of the Association.

\_\_\_\_\_(initials) I acknowledge receipt of a copy of the Association Rules and Regulations, have read and understand, and agree to comply with them.

\_\_\_\_\_(initials) I understand that ONLY the people mentioned in the lease agreement are allowed to maintain residence in the unit and any others found to be residing in the unit for 2 weeks (14 days) or more must be placed on lease application or they will be considered illegal occupant(s).

\_\_\_\_\_(initials) I understand that Cove Towers Preserve Condominium Association, Inc. requires that all vehicles be registered with the office and have up-to-date parking decal information. I understand that any vehicle parked in a marked space without a decal or parking permit will be subject to booting or towing without notice.

\_\_\_\_\_(initials) I understand that Cove Towers Preserve Condominium Association, Inc. is not to be held liable in the event of any damages caused by myself or any of my guests.

\_\_\_\_\_(initials) **NO PETS ARE ALLOWED IN LEASED UNITS.**

By signing below, I attest that all information provided is true and correct to the best of my knowledge. Furthermore, I authorize Cove Towers Preserve Condominium Association, Inc. and their Management to process a nationwide criminal background search and also authorize Cove Towers Preserve Condominium Association, Inc. to order a full credit report and background check on myself and other occupants on this agreement.

By signing below, I agree to "...abide by all of the Covenants of the Condominium documents and that a violation of the documents is a material breach of the lease and is grounds for damages, termination and eviction and that the lessee and the owner agree that the Association may proceed directly against such lessee(s) and that the lessee(s) shall be responsible for the Association's costs and expenses, including attorney's fees, at all trial and appellate levels. If such costs and fees are not immediately paid by the lessee(s), the unit owner shall pay them and such funds shall be secured as a charge." (Leases 13.1.2)

By signing below, I also acknowledge that the Board of Directors of Cove Towers Preserve Condominium Association, Inc, may promulgate new rules, or change existing ones as they may deem for the safe and quiet enjoyment of all the residents of Cove Towers Preserve Condominium Association.

**Tenant Print Name** \_\_\_\_\_ **Tenant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Owner Print Name** \_\_\_\_\_ **Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Emergency Contacts:**

Names	Relationship to tenant	Phone #

**Please include: (An incomplete application package will cause delays in processing)**

- Fully completed application
- Copy of executed lease
- Copy of driver's license, vehicle registration, and vehicle insurance card
- Prospective tenant was given a copy of the Rules and Regulation
- \$150.00** Application Fee **per applicant** made payable to "Cove Towers Preserve."  
(Husband/wife or parent/dependent child are considered one applicant. The application fee is not required for those applicants who have been previously approved to lease in Cove Towers Preserve. (FL. Statutes, Sec. 718.112 (2)(i), Transfer Fees))

**Please Return Completed Application to:**

**Cove Towers Preserve Condominium Assoc. Inc.  
465 Cove Tower Drive  
Naples, FL 34110**

**Attn: Urgent - Property Manager**

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**Residential Screening Authorization Form**

***(Must be completed and signed by all applicants over 18)***

Print Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Current Resident Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

I give my authorization to this Association, landlord, AccuData Inc, or any party or agency contacted by this Association or landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Accudata client information only)

Company Name: Cove Towers Preserve Condominium Association Inc.

Contact Name: Raquel Anton

Tel#: 239-989-3058

E-mail: [covetowerspreserve@gmail.com](mailto:covetowerspreserve@gmail.com)

Type of Screening Requested

Package: 2

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**Document Review/Approval/Denial**

*(To be completed by the Association Manager)*

- Completed and signed application by all occupants over 18 are on file.
- A non-refundable \$150 application fee per applicant was paid. Not required of applicants who have previously leased and been approved.

\$\_\_\_\_\_amount collected

- A copy of the signed lease.
- Copies of all applicable driver's licenses, vehicle registrations, and auto insurance cards, or other personal ID is on file.
- Owner's Association assessments are current.
- The applicant's credit report(s) has (have) been reviewed and is (are) on file.
- The applicant's background report(s) has (have) been reviewed and is (are) on file.
- All applicable vehicle parking decals/permits and access codes have been issued and are on file.

\*\*\*\*\*

**ACTION OF BOARD OF DIRECTORS**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

DATE OF DECISION \_\_\_\_\_

BY: \_\_\_\_\_ and \_\_\_\_\_  
Association Officer Manager for the Association

Reason if disapproved: \_\_\_\_\_

\_\_\_\_\_

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