Cape Sable Lakes Association, Inc.

A Covenant Restricted, 55 And Older Community

c/o Guardian Property Management, 6704 Lone Oak Blvd., Naples, FL 34109

Phone: (239) 514-7432 Fax: (239) 514-7759 email: steve@guardianpropertymanagement.net

Rental & Lease Application (Separate Form required for each Occupant)

(Separate)	romi required for each	Occupant)		
Property Address	Expected Occupancy Date			
Owner or Agent Signature	Date	Phone(s)		
Duration of Lease (Month and Year) from	to	Monthly Rental \$		
	Multiple Occupants			
Without relinquishing responsibility or liability, I hereby appoint		as the Occupant to be		
contacted by the Association for mailings or any problems: Signature		Date		
*The undersigned authorizes the release of releva background check and releases CSLA from any li *The undersigned understands that Residency app Governing Documents and certifies that there wil *Any future changes in occupancy or duration of	iability or damage which proval is included with I I always be at least one	h may result. Rental approval, subject to the Resident 55 years of age or	ne Association's older.	
Full Name	SS#		Date of Birth	
Home Address				
Street	City	State	Zip	
Phone Cell Phone	F	Email Address		
Previous Address				
Occupation Em	nployer	Phone		
Emergency contact: Name	Relationship			
Address		Phone		
Vehicle to be parked on property:				
Make Color	Year	License #	State	
Club, Society or Gang Memberships? If ye				
Have you ever filed for bankruptcy? If yes				
Have you ever been arrested for a criminal violati		1		
I plan to be a (Check One): Full Time Resident				
Signature				
		Bilvers Bicense		
Important Instructions: Each prospective Renter must submit a complete The Fee is \$100 per applicant and is non refundat For approved Tenants extending the lease, there is	ole. To pay by check, m	nake it payable to Cape Sable		
Approved: Signature	Date Signat	ure	Date	
Or referred to the Board of Directors for Action: Initia	_			