

**AUTUMN LAKES ASSOCIATION**  
(revised November 2007)  
**APPLICATION FOR APPROVAL TO LEASE**

NOTE: Lease term minimum of one (1) month.

**In accordance with the governing documents of the Association, please submit this form required at least ten (10) days prior to occupancy to allow for processing time. Approval must be received prior to occupancy.**

Current Owner of Record \_\_\_\_\_ Unit # \_\_\_\_\_ Bldg # \_\_\_\_\_  
(formerly buildings for **AL1**- 1, 2, 11, 12 \ **AL2**- 3, 4, 9, 10 \ **AL3**- 5, 6, 7, 8)

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

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO LEASE IN AUTUMN LAKES RECREATION 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 \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

NOTE: Occupancy restricted to no more than two (2) persons per bedroom, including children.

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

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Unit or Local Phone # \_\_\_\_\_

Auto #1: Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Lic# \_\_\_\_\_ St \_\_\_\_\_

Auto #2: Make \_\_\_\_\_ Color \_\_\_\_\_ Yr \_\_\_\_\_ Lic# \_\_\_\_\_ St \_\_\_\_\_

**(If Rental vehicle or unknown , please indicate above)**

**➔ NO PETS ARE ALLOWED IN LEASED UNITS \_\_\_\_\_ (Must Initial)**

Personal references: **PLEASE PROVIDE TWO LETTERS OF REFERENCE WHEN APPLICATION IS SUBMITTED.** *References waived for previously approved Autumn Lakes tenants. Please indicate which unit and occupancy dates.*

**Minimum Reference Requirements:**

1. These reference letters must be from people who have known the lessees at least one (1) year and who are not related (and who are **not** from the rental agents/unit owner).
2. The letters must state how long they've been acquainted and any other additional information they may want to state.
3. The reference letter must have the person's signature and their name (in print) with address and telephone number for contact.

**Your signature will acknowledge your agreement to comply with the Rules and Regulations as stated in the Declaration of Condominium Use Restrictions.**

→ **SIGNATURE OF TENANT:** \_\_\_\_\_ Date \_\_\_\_\_

→ **SIGNATURE (OWNER or AGENT):** \_\_\_\_\_ Date \_\_\_\_\_  
(Signatures by both parties are mandatory)

**Please fill out the following COMPLETELY:**

Name of Real Estate Co.& Agent (if applicable) \_\_\_\_\_

Owner or Agent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

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

- \_\_\_\_\_ Fully Completed Application
- \_\_\_\_\_ Copy of Executed Lease
- \_\_\_\_\_ **\$100 NON-REFUNDABLE Application Fee payable to "Autumn Lakes"**
- \_\_\_\_\_ **TWO letters of reference**

**Return ALL above items to: Integrated Property Management, Inc.  
3435 10th St. North, Suite 201, Naples, FL 34103**

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**ACTION OF BOARD OF DIRECTORS**

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ DATE OF DECISION \_\_\_\_\_

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