

Cypress Woods Golf & Country Club, Inc.
3525 Northbrooke Drive, Naples, FL 34119
Phone: 239-593-3392 Fax: 239-593-5104

COA/HOA _____ Rental/Lease Owner/Tenant Information Form Ref. # _____

BOTH PAGES MUST BE COMPLETED

Please type or print all information---(Mail or fax both completed pages to Cypress Woods)

Owner Information:

Name: _____ Phone: _____ Email _____

Mailing Address: _____

Rental Unit Address: _____ Phone: _____

Rental Lease Term From (date): _____ To (date): _____

Will the Club Membership be transferred to the Tenant? YES _____ NO _____

The Management Company, house watch service, or year round Cypress Woods resident must have a key to rented Units for use in case of emergency.

Name & Telephone No. of person who has key: _____

CYPRESS WOODS DOCUMENTS REQUIRE RESIDENTS OF RENTAL UNITS TO BE ONE FAMILY ONLY. Maximum of six (6) persons per Unit – exception is Single Family home where maximum is ten (10) persons. Minimum rental is 30 days.

It is the responsibility of the Owner to advise the Tenant that the COA/HOA is authorized to act as the Owner's Agent, with full power and authority to take whatever action may be required, including eviction, should the Tenant or their guests, after notification, continue to violate the provisions of the Association's Declaration, By-laws, Rules & Regulations, and the Florida Condo Act.

House & Grounds Rules are available from the General Manager's office at the Clubhouse. Tenants should be advised to obtain a copy. Tenants must comply with all Club, COA/ HOA rules and regulations. This Application Form may be completed and signed by Owner of the Unit, or the Rental Agent acting on behalf of the Owner. **The signature of the Owner or Rental Agent if used (page 1), and Applicant (page 2), confirms the form has been completed, all statements are true to the best of their knowledge, and there is a clear understanding of the Cypress Woods Documents for renting or leasing. Among other requirements, the following are stipulated:**

- | | |
|---|---|
| ◆ <u>No Commercial Vehicle or Activity</u> | ◆ <u>30 Day Minimum Lease</u> |
| ◆ <u>Single Family Occupancy Only</u> | ◆ <u>No Pets</u> |
| ◆ <u>No Daily, Overnight or Weekly Rentals Allowed</u> | ◆ <u>Occupants & Guests need a Vehicle ID Sticker or Tag</u> |

Owner signature:

Signature: _____

Print Name: _____

Date: _____

Cell No: _____

Agent signature if Agent used:

Signature: _____

Print Name: _____

Date: _____

Phone No: _____

BOTH PAGES MUST BE COMPLETED

MAIL OR FAX BOTH COMPLETED PAGES

Applicant Information:

Name of Tenant (Applicant): _____

Current address: _____

Telephone No: _____ Cell No: _____ Email: _____

Driver's License No: _____ Make/Model of Vehicle _____

License Plate No. _____ (vehicle must fit in garage)

Full Name of Spouse/Co-Applicant: _____

Current Employer Information – List Company Name, Address & Telephone No: _____

Please state the following for all other family members who will reside in the Unit:

Name: _____ Relationship: _____ Date of Birth: _____

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Have you, or any of the above named family members, ever been convicted of a Felony or a crime involving violence to persons or property? YES _____ No _____

Are you, or any of the above named family members, registered in any location as a Sexual Offender or Sexual Predator? YES _____ No _____

If yes, give details: _____

I represent that the above information I have provided is factual and true. I am aware that any falsification or misrepresentation of the facts in the Application will result in a rejection of this Application, or constitute grounds for the Association to void any approval that may be granted. I consent and acknowledge that you may further inquire concerning this Application, particularly a background investigation, such as a criminal record check. I agree to be bound by the Declaration, By-laws, and the Rules and Regulations of the HOA/COA and the Cypress Woods Golf & Country Club. Among other requirements, the following are stipulated:

- ◆ **No Commercial Activity Allowed**
- ◆ **Single Family Occupancy Only**
- ◆ **No Daily, Overnight or Weekly Rentals Allowed**

- ◆ **30 Day Minimum Lease**
- ◆ **No Pets**
- ◆ **Occupants & Guests need a Vehicle ID Sticker or Tag**

I understand that upon receipt of a totally completed Application, including the Application fee and a lease acceptable to the Club, the Club has ten (10) days after receipt, to accept or to reject this Application.

Signature of Applicant: _____ Signature of Co-Applicant: _____

Print Name: _____ Print Name: _____

Date: _____ Date: _____

Mail or fax completed application to:
RLCC-Cypress Woods Golf & Country Club
3525 Northbrooke Drive, Naples, FL 34119

- **Non-refundable processing fee is \$100.00**
- **Faxed Application – fee applied to Owner/Member Charge Account**
- **Incomplete Forms will NOT be Processed**
- **Mailed Application – check payable to CWG&CC**

Renewed: From _____ To _____ Applicant Signature _____

(to be renewed at least one month in advance of expiration)

For RLCC/Cypress Woods Use Only:

Date Received: _____ Date Returned: _____ APPROVED: _____ DENIED: _____

(Revised: March, 2008)

MASTER ASSOCIATION MEMBERSHIP TRANSFER FORM

UNIT OWNER INFORMATION

Name of Owner/Member: _____

Membership Number: _____

Cypress Woods Address _____

Cypress Woods Phone Number _____

Phone Number to be reached at while unit is renter: _____

If using an agency, their name and phone number: _____

I understand that when I transfer my privileges that I am unable to exercise those privilege during that time. It is my intent to transfer my unit's privileges to the transferee below.

Signature of Owner/Member _____

TRANSFEEE (RENTER) INFORMATION

Name(s) and age(s) of Transferee and family

Home address of Transferee

Home Telephone Number

Make Model and License of cars being used by Transferee at Cypress Woods

DATES OF MEMBERSHIP IS ON AND ENDING ON:

Starting Date: _____ Ending Date: _____

TRANSFER MEMBERSHIP FEE IS \$150.00 AND WAS PAID ON:

I understand that I have all the privileges of the member during the time the membership is transferred to me and I accept all the rules and regulations that come with those privileges.

SIGNATURE OF TRANSFEEE _____

To expedite transfer, please send or fax to the Club prior to transfer date. THANK YOU

CYPRESS WOODS Golf & Country Club, Inc.
Application for Vehicle Identification Decal

Applicant Complete This Section---Applicant must have Vehicle Registration with them for verification, at time of pickup of Decals or Hang Tags

Date _____

Name of Unit Owner (print) _____

Cypress Woods Address & Unit # _____

Name of Applicant (print) _____

Mailing Address if Different _____

License Plate # Vehicle #1 _____ **Vehicle #2** _____

Make of Vehicle #1 _____ **Vehicle #2** _____

Color of Vehicle # 1 _____ **Vehicle #2** _____

Owner Name-Vehicle #1 _____ **Vehicle #2** _____

Check or circle the category of Decal or Hang Tag you are applying for
DECAL----Owner/Resident Annual Member Annual Renter

HANGTAG---Short Term Renter (30 days or more) _____ **Visitor/Guest** _____
Length of stay----DATES _____

Applicant Signature _____ **Date** _____

NO DECALS OR HANG TAGS WILL BE MAILED---THEY MUST BE PICKED UP AT THE CLUB OFFICE

For Cypress Woods Use Only---check applicable category
Applicant status has been verified with Owner List,-RLCC Application, etc. and other information has been verified including Plate #

YES **NO** **If NO, a decal or hangtag may not be issued issued**

Decal # Vehicle #1 _____ **Vehicle #2** _____

Signature of person issuing _____