180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

FIRST TIME SEASONAL RENTER APPLICATION

(Minimum rental term is one (1) month - Maximum rental term is six (6) months) Maximum occupancy: one (1) bedroom: three (3) people; two (2) bedroom: four (4) people.

BUILDING NUMBER: UNIT NUMBER:					
BUILDING ADDRESS:		PARKING SPACE:			
TERM OF AGREEMENT/LEASE: (START	DATE)	(END DATE)			
ONLY COMPLETED APPLIC	ONLY COMPLETED APPLICATION PACKETS WILL BE ACCEPTED.				
The Board of Directors will normally respond within ten (10) business days after receiving a complete application.					
Is any applicant serving as a member of the United States Armed Forces on active duty or state active duty or is any applicant a member of the Florida National Guard or United States Reserve Forces?					
NoYes (If yes, place a c	check mark in front	of the level of service below.)			
Federal Active State Active	FL National	Guard U.S. Reserve Forces			
*Section 83.683, Florida Statutes requires the association complete processing of a rental application submitted by a service member, as defined in Section 250.01, Florida Statutes, within 7 days after submission; and (ii) within such 7-day period, notify the service member in writing of the approval or denial of the rental application.					
DOC	UMENTS REQUI	RED			
 □ Turtle Lake Application pages 1 though 6 □ Copy of the terms of agreement or lease between the landlord and the tenant(s) □ COLOR COPY of a photo identification card (for all adult applicants eighteen (18) years old and above) □ \$150.00 application processing fee (check payable to: Turtle Lake Golf Colony) 					
FOR TURTLE LAKE OFFICE USE ONLY					
PROCESSING FEE MONE	EY ORDER#	CHECK#			
APPLICATION APPROVED: _	APPLICAT	ION DENIED:			
AUTHORIZED SIGNATURE:	I	DATE:			

180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

APPLICANT INFORMATION

	LICANT #1
Name (print first and last)	Phone Number
Home Address	City State
Email	
APPI	LICANT #2
Name (print first and last)	Phone Number
Home Address	City State
Email	Under 18 yesno
	If yes, age
APPI	LICANT #3
Name (print first and last)	
Home Address	City State
Email	Under 18 yesno
	If yes, age
	LICANT #4
Name (print first and last)	
Home Address	City State
Email	Under 18 yesno

Email

Under 18 ____ yes ___no

If yes, age__

180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

APPLICANT'S EMERGENCY CONTACT PERSON

Name:	Phone Number:
VEHIC	E INFORMATION
(Maximum	wo (2) vehicles per unit)
the Turtle Lake office within seventy-tv	vehicle when on property and must be obtained from (72) hours of arrival. All vehicle requirements and parking permits bring vehicle registration and a valid
UNI	LITY AND ACKNOWLEDGEMENT OF ERSTANDING d by signatures below)
has been read and that all information	PROVIDED: I/We verify that this entire application is true and correct. I/We understand that if any of the med with the owner and this approval will be subject
Regulations" of Turtle Lake Golf Cold	e have received, read and understand the "Rules and my and hereby agree to abide by the "Rules and y future revisions by the Board of Directors. I/We evance by guests, family and visitors.
penalties in the form of fines and/or le by documents (Declaration, Bylaws, A	derstand that the unit owner may be subject to al action, and I/we may be evicted for any violation rticles of Incorporation and "Rules and e or more are issued, future agreements may not be
	erstand that it is not the policy of Turtle Lake Golf to discriminate in the approval of leases on the basis ligion, sex, or family status.
APPLICANT 1 - SIGNATURE DAT	E APPLICANT 2 – SIGNATURE DATE

DATE

APPLICANT 4 – SIGNATURE

APPLICANT 3 - SIGNATURE

DATE

180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

ACKNOWLEDGEMENTS AND RESPONSIBILITY OF OWNER OR AUTHORIZED AGENT

Furnish or advise the Applicants (tenants) of the following:

- **RULES AND REGULATIONS:** Notify the applicants about the Turtle Lake Rules and Regulations booklet and supply them with the current copy of this document or notify them that an electronic copy is available at www.turtlelakegolfcolony.com and can be found under "Forms."
- **COMMON AREA KEY:** I/We will provide the approved Applicant(s) with Common Area key(s) for access to the Common Elements.
- LEASE RULES: I/We understand that the unit owner may be subject to penalties in the form of fees for violations of leases or lease rule infractions.

I/We authorize the applicant(s) to occupy our unit located at Turtle Lake Golf Colony for the designated term of this application/agreement.

OWNER or AUTHORIZED AGENT'S NAME:			
PHONE NO:	EMAIL:		
OWNER or AUTHORIZEI	O AGENT'S SIGNATURE:	DATE:	

180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

AUTHORIZATION TO RELEASE INFORMATION

I/We have been requested, by the Turtle Lake Golf Colony Condominium Association, Inc., to provide information for their use in reviewing my/our background(s). Turtle Lake Golf Colony understands that all information is to be kept strictly confidential in their records.

Therefore, I/We hereby authorize the investigation of my/our criminal activity, financial and employment histories and my/our character at my/our expense.

The release in any manner of all information by you is hereby authorized whether such information is of record or not and I/we do hereby release all persons, agencies, firms, companies, etc., from any damages resulting from providing such information.

AUTHORIZATION IS VALID FOR NINETY (90) DAYS FROM THE DATE SIGNED.

APPLICANT #1 NAME (Print)	APPLICANT SIGNATURE	DATE
APPLICANT #2 NAME (Print)	APPLICANT SIGNATURE	DATE
APPLICANT #3 NAME (Print)	APPLICANT SIGNATURE	DATE
APPLICANT #4 NAME (Print)	APPLICANT SIGNATURE	DATE

180 Forest Lakes Blvd., Naples, FL 34105 Telephone: (239) 263-3587 Fax: (239) 263-6647 Email: Admin@turtlelakegolfcolony.com

ADDENDUM TO MODIFY LEASE

This Addendum modifies the lease between the landlord and the tenant applicant referenced below and, notwithstanding anything to the contrary contained in the lease, by adding the following language:

All of the provisions of the condominium documents of the Turtle Lake Golf Colony Condominium Association, Inc. are applicable to and enforceable against the tenant applicant and his/her family members, guests, licensees and invites to abide by the condominium documents, designating the association as the landlord/landlord's agent with the authority to terminate any lease agreement and evict the tenant(s) and his/her/their family members and guests in the event of more than one (1) violation of such condominium documents that are not cured after notice and an opportunity to comply, is deemed to be included in the lease.

TERM OF LEASE: START DATE: _	END DATE:		
	ORIZED AGENT (LANDLORD sign, and date in the spaces provide		
Owner-Authorized Agent (print name)	Owner-Authorized Agent signature Date		
Owner-Authorized Agent (print name)	Owner-Authorized Agent signature Date		
	PPLICANTS sign, and date in the spaces provide	led below.)	
Applicant #1 (print name)	Applicant #1 signature	Date	
Applicant #2 (print name)	Applicant #2 signature	Date	
Applicant #3 (print name)	Applicant #3 signature	Date	
Applicant #4 (print name)	Applicant #4 signature	Date	