

**CAMELOT
CONDOMINIUM ASSOCIATION INC.
OF MARCO ISLAND**

c/o Volhr Corporation
1000 North Collier Boulevard, Suite 9
Marco Island, Florida 34145
Tel (239) 389-3600 Fax (239) 394-4110
Email: 2Maintenance@VolhrCorporation.com

Application to Lease a Condominium Unit

This application is to be completed by the prospective renter(s) and submitted to the Association's Management at least 20 days prior to the commencement of the lease. Approval or denial will be issued by the Association Board of Directors or their designee. Please see the following application checklist seen under 7, for further instructions. Application fee is non-refundable. A unit owner may lease his unit in accordance with the Condominium Documents. The number of residents permitted overnight: in a two bedroom are six persons; in a three bedroom are nine persons. The lessee must be a natural person. No pets allowed at any time. No subleasing allowed. Occupancy prior to Board approval is prohibited.

1. I hereby apply for approval to lease:

Building Letter & Unit # : _____ from _____ to _____

Name of Unit Owner: _____

Full name of Applicant: _____ Age: _____

Full name of Spouse _____ Age: _____

Home address: _____ City / State: _____ Zip: _____

Telephone (home): _____ Telephone (cell): _____

Email Address: _____

2. Other family members who will be living in the unit and relationship to applicant:

Total Number of individuals that will be residing in unit: _____

Name (s):	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. References, 1 prior rental residences and 1 personal reference, is required:

1. Prior Landlord Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

2. Personal Reference Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

4. Automobile to be parked on the premises:

Year: ____ Make: _____ Model/Color: _____ License Plate #: _____

5. Employment:

Employer Name: _____ Address: _____

City / State: _____ Zip: _____ Telephone: _____

6. Rental Agent / Company: _____

Phone: _____

7. Application Package Checklist: *Have you enclosed?*

- () Completed & Signed Pages 1-2 of Application
- () Copy of Lease Agreement
- () Application Fee of \$100 payable to Camelot - Non Refundable
- () Completed Authorization Form for Background/Credit Check for each Applicant/Spouse

Please mail to address shown in letterhead.

8. Applicant's Affidavit:

I have received a copy of the Rules & Regulations. I am familiar with and agree to abide by Camelot Condominium Association of Marco Island, Inc.'s Declaration, Bylaws and published Rules & Regulations. I represent that the information stated is factual and correct and I agree that any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application. I consent to any further inquiry concerning this application and the references given. I am aware of, and agree, to have a background check conducted for each occupant over 18 years of age. I understand that I must be present when any guests, relatives, visitors, or children who are not permanent residents occupy the unit or use the recreational facilities.

In making the foregoing application, I am aware that the decision of the Camelot will be final and no reason will be given for any action taken by the Board of Directors. I agree to be governed by the determination of the Board of Directors.

Applicant Signature: _____ *Date:* _____

Spouse Signature: _____ *Date:* _____

For Office Use Only:

This application is approved _____ Not approved _____

By: _____ Title: _____ Date: _____