



EAGLE CREEK COMMUNITY ASSOCIATION, INC

LEASE APPLICATION

Please return completed application at least **30 days prior to arrival** to:
Eagle Creek Rental Program 11 Cypress View Drive Naples, FL 34113
Phone: (239)793-0500 ext:112 Fax: (239)775-3211 email: membership@eaglecreekcc.org

****Incomplete applications will NOT be processed and, therefore, will NOT be approved.**

ATTACH THE FOLLOWING:

- Copy of Lease Agreement - **Condominium Renter's Only**
- Copy of Driver's License for all Applicants - **Condominium Renter's Only**

Property Address in Eagle Creek _____ Unit _____

Neighborhood ASSN Name _____ in Eagle Creek

Current Owner Name _____

Rental Agent Name (If Applicable) _____

Agent Ph. Number/Email _____

Lease Start Date _____ Lease End Date _____

PLEASE PRINT LEGIBLY:

Applicant #1 _____

Social Security # _____/_____/_____ Date of Birth _____/_____/_____

Current Address _____

City _____ St _____ Zip _____ Ph # _____

Alt Ph # _____ Email _____

Drivers' License # _____ St _____

Applicant #2 _____

Current Address _____

City _____ St _____ Zip _____ Ph # _____

Alt Ph # _____ Email _____

The unit owner's documents of Eagle Creek Community Association and Neighborhood Association provide an obligation of unit owners that all units are for single family residence only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to be notified in case of emergency _____

City/St/Zip _____ Ph # _____

VEHICLES: (No commercial or oversized vehicles can be parked outside of the garage)

Make/Model _____ Yr _____ Tag # _____ St _____

Make/Model _____ Yr _____ Tag # _____ St _____

I am aware of and agree to abide by the Community Association & Neighborhood Association Documents and Rules & Regulations. I acknowledge receipt of a copy of the Association rules _____ (initial here). I understand and agree the Association, in the event it provides a lease, is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by Lessees and their guests, in accordance with the Documents and the Rules and Regulations of the Association.

I understand that pets are not allowed to be kept at any time in leased unit – Condominium Association ONLY

I/WE specifically authorize the Board of Directors and American Property Management to institute an investigation of my background and agree that the information contained in this application may be used in such investigation, and that the Board of Directors, Eagle Creek Community Association & Neighborhood Association itself and APMS, shall be held harmless from any action or claim by us/me in connection herein or any investigation conducted.

Applicant's Signature

Date

Applicant's Signature

Date

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THIS SECTION IS TO BE COMPLETED BY AMERICAN PROPERTY MANAGEMENT, INC.
(FOR CONDOMINIUM ASSOCIATION ONLY)

_____ Applicant Approved

_____ Applicant Disapproved

Association President / Board Member / Agent

Date