

# THE BOULEVARD CLUB, INC.

## Lease Application

DATE OF APPLICATION \_\_\_\_\_ CURRENT OWNER \_\_\_\_\_ UNIT # \_\_\_\_\_

LEASE: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ (Not less than 90 days or more than 6 months. No unit may be leased more than once during 12 consecutive months)

In accordance with the DECLARATION OF CONDOMINIUM, the applicant represents that the following information is true and correct, and consents to further investigation concerning this information, including a credit check that may be necessary for approval of this request.

**ALL PERSONS WHO WILL OCCUPY the condominium unit are as follows (occupancy restricted to no more than 2 persons per bedroom):**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**ALL VEHICLES to be parked on Association property (parking is restricted to 1 vehicle under cover):**

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

MAKE/MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

Are you a member of U.S. Armed Forces on active duty or state active duty, the Florida National Guard, or the United States Reserve Forces? \_\_\_\_\_

I/We hereby acknowledge that I/We have received and read a copy of the Association Rules and Regulations, and agree to abide by them, as well as any revisions which may occur in the future. I/We understand that pets are not permitted. No trucks, campers, vans, motorcycles, commercial vehicles, boats, trailers, or recreational vehicles may be parked on the property. I/We hereby authorize The Boulevard Club to verify the information listed above and conduct a credit check.

**c/o Newell Property Management Corporation  
5435 Jaeger Road #4, Naples Florida 34109, USA  
Phone: 239-514-1199~Fax: 239-331-7178**

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Please return this form **FULLY COMPLETED** to the address below with:

- \_\_\_ 1. Copy of proposed lease
- \_\_\_ 2. **Non-refundable** \$100 check payable to **The Boulevard Club**
- \_\_\_ 3. **Refundable** \$1000 check payable to **The Boulevard Club** (deposit will be refunded within 30 days following termination of lease and inspection of all common areas.
- \_\_\_ 4. **Affidavit** (page 3) signed and notarized.

Your signature will acknowledge to comply with the House and Ground Rules and the Bylaws of The Boulevard Club.

Signature of Applicant	Date	Signature of Applicant	Date
Signature of Owner or Agent	Date	Address/City/State/Zip of Owner or Agent	
Owner or Agent Telephone	Fax	Email Address	

Do Not Write Below This Line

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ACTION BY BOARD OF DIRECTORS:

APPROVED \_\_\_ DISAPPROVED \_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

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**Affidavit**

I, the undersigned, do hereby swear and affirm that I **HAVE READ AND AGREE TO ABIDE BY *The Boulevard Club House and Ground Rules*** as well as the *Bylaws* (copy of each attached).

Sworn this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ by \_\_\_\_\_. This individual is personally known to me or has produced (type of identification \_\_\_\_\_) as identification.

\_\_\_\_\_  
Notary Public

(Seal)

\_\_\_\_\_  
Printed Name

My Commission Expires \_\_\_\_\_