

# Opal at Sapphire Lakes

c/o Resort Management  
2685 Horseshoe Dr. S. #215 Naples, FL 34104  
Ph:(239) 645-5526

## Application for Approval to LEASE a Condominium Unit

I hereby apply for approval to Lease (Street Address) \_\_\_\_\_ Unit Number \_\_\_\_\_

in Opal Condominium at Sapphire Lakes .

Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_

Check off only if this is an annual renewal (an extension of an existing annual lease)

A complete copy of the signed lease agreement and a non-refundable fee of \$150 must be attached. One \$75 check (payable to Resort Management) and one \$75 check (payable to Opal Condominium).

Note: All applications **must** be received **at least 20 days** prior to lease start date. If fees and lease agreement are not included with the completed application, **your approval process will be delayed.**

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the references given below

Please print or type legibly the following information

Current Owners Name (s): \_\_\_\_\_

1. Full Name of Applicant: \_\_\_\_\_

2. Full Name of Spouse: \_\_\_\_\_

3. Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Home Phone: \_\_\_\_\_ email: \_\_\_\_\_

5. The **Documents of Opal Condominium Association** provide for the obligation of Unit Owners that all Units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

6. Name of Business/ Profession: \_\_\_\_\_

If retired, Former Business/ Profession: \_\_\_\_\_

7. Company or Firm Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

8. Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. Name of current or most recent landlord: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_ State \_\_ Zip \_\_\_\_\_

10. Two Personal references **not related to applicant** (local if possible).

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Two Credit references (local if possible)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

12. Person to be notified in case of emergency.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

13. Vehicles to be kept at the Condominium.

Year/ Make/ Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_  
Year/ Make/ Model \_\_\_\_\_ License Plate # \_\_\_\_\_ State \_\_\_\_\_

14. Mailing Address for Notices connected with this Application and future correspondence.

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**15. I understand and agree to abide by the Declaration of Condominium for Opal at Sapphire Lakes, the Articles of Incorporation, By-Laws and any and all property promulgated Rules and Regulations. I acknowledge receipt of a copy of the Association Rules and Documents.**

**16. I understand and agree that the Association, in the event it approves the 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, of provisions of the Declaration of Condominium of Opal at Sapphire Lakes, the Association's By-Laws and Rules and Regulations.**

**Renters are not allowed to have pets.**

AUTHORIZATION: I (we) hereby authorize Resort Management, Inc. and/ or Opal Condominium Association to verify all information contained on the application.

Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**Opal at Sapphire Lakes**  
c/o Resort Management  
2685 Horseshoe Drive S, Ste 215, Naples, FL 34104  
Ph: (239) 649-5526

**Character Reference Form**

Date: \_\_\_\_\_

Applicant Reference's Name \_\_\_\_\_

Street Address: \_\_\_\_\_

RE: Applicant's Name \_\_\_\_\_

To Whom it may Concern:

The applicant(s) named above are applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the applicant. This completed Character Reference Form MUST be sent with the application in order for the Board to approve their Purchase or Lease. Thank you for your assistance in this matter.

\_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

For how long have you known the applicant? \_\_\_\_\_

Would the applicant(s) make a good neighbor, in your opinion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe the applicant(s) character and stability as you know them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**

**Opal at Sapphire Lakes**  
c/o Resort Management  
2685 Horseshoe Drive S, Ste 215, Naples, FL 33928  
Ph: (239)649-5526

**Character Reference Form**

Date: \_\_\_\_\_

Applicant Reference's Name \_\_\_\_\_

Street Address: \_\_\_\_\_

RE: Applicant's Name \_\_\_\_\_

To Whom it may Concern:

The applicant(s) named above are applying for membership in a Condominium or Homeowner's Association in Southwest Florida. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please return this form to the applicant. This completed Character Reference Form MUST be sent with the application in order for the Board to approve their Purchase or Lease. Thank you for your assistance in this matter.

\_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

For how long have you known the applicant? \_\_\_\_\_

Would the applicant(s) make a good neighbor, in your opinion? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please describe the applicant(s) character and stability as you know them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Reference's Signature**

***Opal at Sapphire Lakes Condominium Associates, Inc.***

***Acknowledgment and Agreement of Condominium Documents***

I (We) have received and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws, and any and all properly promulgated Rules and Regulations in effect during the term of my (our) occupancy. I (We) acknowledge all of these documents are available for inspection during regular business hours (Monday-Friday, 9am-4pm) at the Association property Managers Office.

Resort Management  
2685 Horseshoe Dr. S. #215  
Naples, FL 34104

I (We) understand and agree that the Association is authorized to act with full power and authority to take whatever action may be required, including eviction, to prevention violations of provisions to the Declaration of Condominium, the Associations By-Laws, the Florida Association Act, or the Rules & Regulations of the Association.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

(    ) APPROVE.

(    ) DISAPPROVE

\_\_\_\_\_  
BOARD OF DIRECTORS

\_\_\_\_\_  
DATE