



# **PALAZZO AT NAPLES HOMEOWNERS ASSOCIATION INC.**

Phone: 239-513-9433 Email: info@apmsfl.com

1035 Collier Center Way #7 ~ Naples, Florida 34110

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

Current Owner \_\_\_\_\_ Address \_\_\_\_\_

Term of Lease (if applicable) From \_\_\_\_\_ To \_\_\_\_\_

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR APPROVAL TO PURCHASE/LEASE IN PALAZZO AT NAPLES HOA, IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS. THE APPLICANT(S) represent that the following information is true and correct and consent to further investigation concerning this information or any information which comes from that inquiry which is necessary for approval of this request.

## **Persons who will occupy the above Residence (living unit) are as follows:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

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

Applicants Present Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

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

Applicants Present Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

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

Applicants Present Address \_\_\_\_\_

City \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Palazzo at Naples Homeowners Association has the right to perform background and credit checks on all applicants. By completing this authorization form, I give Palazzo at Naples Homeowners Association the right to administer a background and credit check as a part of the application approval process. Include with this form a non-refundable check made out to Palazzo At Naples HOA. Each background check is a non-refundable fee of \$25.95. Include copy of photo ID.

**Current Place of Employment**

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State \_\_\_\_\_ Telephone \_\_\_\_\_

Length of Employment \_\_\_\_\_ Supervisor \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_ if asked can you provide proof of Income Yes \_\_\_\_\_ No \_\_\_\_\_

**Applicant has received and reviewed the rules and regulations prior to their Pending Lease or Purchase within Palazzo at Naples Homeowners Association**

It is the desire of the present owners of the Association to welcome you to an environment in which pride in ownership and adherence to all Rules and Regulations will ensure a private and ideal community life.

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Following items must be read and signed by applicant for lease**

*I (We) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessees and their guests. Prospective Tenants understand that the Association or Management Office may use the application to perform a background, prior landlord, credit, and police records review prior to approval.*

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return ALL completed items above items to:**

**Palazzo At Naples HOA  
c/o Advanced Property Management Services  
1035 Collier Center Way #7  
Naples, FL 34110  
info@apmsfl.com**

**For Association/Management Members ONLY:**

ASSOCIATION APPROVAL     MANAGEMENT APPROVAL     DENIAL

SIGNED BY: \_\_\_\_\_ DATE: \_\_\_\_\_