

DUNES OF NAPLES II CONDOMINIUM ASSOCIATION
APPLICATION FOR LONG/SHORT TERM LEASE

IN ORDER TO EXPEDITE PROCESSING, COMPLETE APPLICATION
AND SUBMIT WITH THE FOLLOWING:

- 1) **The landlord / leasing agent must submit a mandatory criminal background check with each application. (All names appearing on the rental lease as the lessee/ tenant are required to have a background check submitted.)**
- 2) Acceptable website for background check: www.sentrylink.com
- 3) Copy of signed lease between parties – to protect the unit owner all leases should state that they are subject to Board approval.
- 4) Check for \$150.00 payable to Dunes of Naples II Condominium Association **(Non-Refundable)**
-CHECKS ARE NOT ACCEPTED FROM LESSEE-
- 5) Check for \$250.00 made payable to Dunes of Naples POA
-CHECKS ARE NOT ACCEPTED FROM LESSEE-
- 6) **Tenant must present a copy of the lease to guard upon arrival for access to the Dunes property.**
- 7) Applications must be submitted at least 20 days prior to the beginning of the lease period. Applications will not be accepted for consideration unless all required materials are present including payment of fees and background checks.

Return to: Dunes Site Management
310 Dunes Blvd, Naples, FL 34110
Office 239-593-8060
jschulz@dunesofnaples.com

*Is lease applicant a person serving as a member of the United States Armed Forces on active duty or state active duty, a member of the Florida National Guard, or a member of the United States Reserve Forces?" ☐ YES ☐ NO

UNIT NUMBER# _____ OWNER(S) OF UNIT: _____

LEASE PERIOD: _____ TO: _____

APPLICANT(S) NAME (TENANT): _____

ADDRESS _____
CITY _____ STATE _____ ZIP _____

EMAIL: _____ PHONE: _____

EMAIL: _____ PHONE: _____

IF YOU EXPECT GUEST DURING YOUR TERM OF LEASE, PLEASE STATE THEIR NAMES:

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: _____ PHONE # _____

EMAIL _____

If lease is being handled through an agent:

Firm Handling Lease: _____

Agent: _____ Cell Phone _____

email: _____

***DUES ON UNIT MUST BE CURRENT AT LEASE APPROVAL AND DURING TENANT OCCUPANCY.**

Owner Signature _____ Date: _____

DUNES OF NAPLES II CONDOMINIUM ASSOCIATION APPLICATION FOR LEASE

A Brief Summary of Dunes II Association's Rules are listed below.

(OWNER/LEASING AGENT IS RESPONSIBLE TO FURNISH A HARD COPY OF RULES AND REGULATIONS AND BY-LAWS TO ALL RENTERS)

- **Inappropriate behavior of a Renter or Guest is grounds for expulsion by an authorized representative of the Board, acting as the Owner's Agent.**
- **Front entry ways are not to be obstructed. No bikes, shoes, towels, baby carriages, etc. to be left out.**
- **No disturbing noises that interfere with the comforts of other residents.**
- **Grocery and Luggage carts are to be returned to the Garage immediately after use.**
- **All children in the pool area are to be supervised; no running, jumping, diving.**
- **Clothing and shoes are required in all common areas, especially to/ from pool.**
- **Please dry off before entering the elevator from the pool.**
- **NO SMOKING in Common Areas or Limited Common Area (Lanai, Terraces, Pool, Garage, Front Entrance, Parking Lot)**
- **Renters are NOT permitted to have PETS**

BY SIGNING BELOW, I(WE) HAVE READ AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS AND BY-LAWS FOR DUNES OF NAPLES II CONDOMINIUM ASSOCIATION

Applicant(s) Signature: _____ Date: _____

The above application is: APPROVED _____ DISAPPROVED _____

Dated this _____ Day of _____ 20____

Dunes of Naples II Condominium Association

VEHICLE/TRANSPONDER INFORMATION
PLEASE COMPLETE APPLICATION (PLEASE PRINT)
AND SUMBIT WITH THE FOLLOWING:

- 1) Attach a copy of the vehicle registration.
- 2) If renting a vehicle: Supply or attach a copy of the rental car agreement
- 3) Check payable to: Dunes of Naples POA (\$22.00 per vehicle)
- 4) When approved, transponder decals will be affixed at the security gate.

NOTE: Transponders are valid ONLY for the registered length of stay at the Dunes.

-PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING-

Vehicle # 1 – Make _____ Model _____ Year _____

Color _____ License Plate Number _____ State _____

Vehicle # 1 – Make _____ Model _____ Year _____

Color _____ License Plate Number _____ State _____

Office use only:

Transponder # _____ **Vehicle #2** _____

Valid Dates: _____ **to:** _____