

# BLOOMFIELD RIDGE ASSOCIATION, INC.

## LEASE APPLICATION

**MUST BE SUBMITTED 20 DAYS PRIOR TO OCCUPANCY**

Return to: BLOOMFIELD RIDGE ASSOCIATION, INC.  
c/o Sandcastle Community Management  
9150 Galleria Court Suite 201, Naples, Florida 34109  
Tel.: 239-596-7200 Fax: 239-593-4812

Date \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

I/we hereby apply for approval to lease (Prop. Address): \_\_\_\_\_

Rental Agent \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ to \_\_\_\_\_

In accordance with the governing documents of the Association, this application must be submitted along with required enclosures and application fee **(20) twenty days prior to occupancy** to allow for processing time. I/we represent that the following information is complete and true. I/we agree that any misrepresentation in this application will justify automatic rejection.

***Please submit the following:***

- a. A copy of fully **executed** lease agreement. Applicants must match lease agreement.
- b. A non-refundable fee of \$100.00 payable to Bloomfield Ridge, Inc.  
***Separate applications must be completed for co-applicants (excludes married couples).***
- c. Two letters of reference must be attached (does not apply to previously approved tenants).
- d. A **completely** filled out application form. **(Partially completed form will not be considered)**

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation in this application will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background, credit check and check of references below. Background checks will not be conducted on previously approved tenants.

**TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION**

Full Name of Applicant: \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Full Name of Spouse: \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

Current address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Current employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Citizen of U.S.? \_\_\_\_\_ **If no, submit document copy of residency authorization or passport photo page.**

Make of Car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Second car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Use of this home is for single family residence only. Please list the names, relationship and age of all persons who will occupy your unit in addition to the applicants above.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? Yes \_\_\_\_\_ or No \_\_\_\_\_  
If yes, please include details \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosure, etc.? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give details and dates \_\_\_\_\_

(Please use the back of this page if more space is needed.)

Initial \_\_\_\_\_ Initial \_\_\_\_\_ **I have received, read, understand and agree to abide by the Declaration, By-laws, Amendments, Articles of Incorporation and the Rules and Regulations of BLOOMFIELD RIDGE ASSOCIATION, INC.**

- No trucks are permitted
- Tenants are prohibited to have pets
- Absolutely **NO** smoking allowed on lanais, common areas and pool areas

I/we further agree that in the absence of the owners that Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessees and their guests.

I (we) have read, understood and agree to all of the statements above.

Applicant signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

**Note: Buyer(s) should contact Royal Wood Master Association (239) 774-2213 to arrange for the transfer of golf privileges.**

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Acceptance on behalf of: BLOOMFIELD RIDGE ASSOCIATION, INC.

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative  
or Board of Directors

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