VANDERBILT TOWERS UNIT 3, OF NAPLES, INC.
5 BLUEBILL AVENUE
NAPLES, FL. 34108
PHONE & FAX 239-597-2921

Rev. 4/21/15

FOR CANADIAN AND INTERNATIONAL CITIZENS

ALL ATTACHMENTS MUST BE COMPLETED AND INCLUDED WITH THIS APPLICATION

OWNER/AGENT LEASE/RENTAL APPLICATION FOR UNIT # _____ Date: _____

Full Names of Applicant(s): _____ Dt. Of Birth _____

_____ Dt. Of Birth _____

(if husband and wife; single person(s); or couples, note all names & middle names)*Must include middle name if applicant has one, otherwise note "NO MIDDLE NAME"*

Home Address: _____

City/State/Country _____ Postal Code: _____

Telephone #: _____

Date of Arrival: _____Date of Departure: _____ Number of people occupying unit: _____

Person to be notified in case of emergency:

Name _____ Address _____

City/State/Zip: _____ Telephone #: _____

The condominium documents of Vanderbilt Towers Unit III of Naples, Inc., restrict units to use as single family residence only. **NO PETS** allowed!

I acknowledge that I have furnished a copy of the Rules & Regulations of Vanderbilt Towers Unit III of Naples, Inc. to my applicant. Applicant acknowledges receipt and agreement to abide by these rules.

Signature of Applicant: _____

As the rental agent for the unit owner, or unit owner, the undersigned agrees to be responsible for immediate correction or prevention of any violations by tenants of the restrictive covenants or rules applicable to the condominium, including termination of this notice and removal of tenant.

Signature of rental agent or owner: _____

Printed Name of Agent: _____ Telephone # of Rental Agent: _____

Printed Name of Owner: _____ Telephone # of Owner _____

Motor Vehicle using parking lot: Make/Model _____ Year: ____ Lic. # _____ State _____

The application fee is $100.00, per Article 14 of our Declaration of Condominium. A check from the lessor in the amount of $100.00 **(on U.S. bank & in U.S. funds)** must accompany this application. Make check payable to Vanderbilt Towers Unit 3 of Naples, Inc. NO CASH. **COPY OF THE LEASE IS REQUIRED.**

Date Received by VT III Rental Committee: _____ by _____
Committee Member

Approved: _____ Disapproved: _____ Date: _____