Melrose Gardens Neighborhood Association, Inc

RETURN SALES / LEASE PACKET TO: RESORT MANAGEMENT
2685 Horseshoe Drive S, Suite 215, Naples, FL 34104
Ph: (239) 649-5526 / Fax: (239) 403-1061

Application for Approval to PURCHASE or LEASE

Property Address: _____ Melrose Place, Naples, FL 34104

Name of Current Property Owner: _____

_____ **PURCHASE:** I / WE hereby apply for approval to PURCHASE at Melrose Gardens, a Neighborhood and for membership in the Association. (Please attach a copy of the SALES CONTRACT).
CLOSING DATE: _____

_____ **LEASE:** I / WE hereby apply for approval to LEASE in Melrose Gardens, A Neighborhood, for the period beginning on _____ and ending on _____.
(Please attach a copy of the LEASE AGREEMENT). 30-day rental minimum / 3 rental per year.

PLEASE INCLUDE THE FOLLOWING:

_____ Completed & Signed Application _____ SALES or LEASE Contract
_____ Background Check Form (for everyone over the age of 18)
_____ Lease Addendum (if this is a Rental)
_____ Non-Refundable Application Processing Fee: $50.00 PAYABLE to MELROSE GARDENS and
$50.00 PAYABLE to RESORT MANAGEMENT

Full Name of Applicant(s): _____

Applicant(s) Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone: _____ Email _____

Name of Business/Profession (if retired, former business/profession: _____

Company of Business Name: _____

Business Address: _____

The Association Documents of Melrose Gardens, a Neighborhood, provide an obligation of unit owners that all units are to be used as Single Family Residences only. Please state name, relationship and age of all other persons occupying the unit on a regular basis. NOTE: Occupancy is restricted to no more than six (6) persons.

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name of Current or Most-Recent Landlord: _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Rented – how long? _____ Ownership – how long? _____

TWO (2) Personal References (non-family members): There are TWO Character Reference Forms attached. Please have your references complete and sign and return them along with this application and the sales or lease agreement.

Bank Reference _____ Contact _____ Ph _____

Person to be notified in Case of an Emergency: _____

Relationship _____ Phone _____

Vehicles to be kept at Melrose Gardens (no more than two (2) vehicles parked in driveway overnight without prior Board approval).

Make/Model _____ Yr _____ Lic Plate # _____ St _____

Make/Model _____ Yr _____ Lic Plate # _____ St _____

TENANTS: There shall be NO Pets kept in LEASED UNITS. Please Initial _____ _____

BUYERS: I am PURCHASING this unit with the intention to: _____ Reside here on a full-time basis
_____ Reside here on a part-time basis _____ Lease the Unit

Mailing Address for Notices connected with this Application: _____

City _____ ST _____ Zip _____

I / WE have received a copy of the Rules and Regulations? _____ YES _____ NO

I / WE am/are aware of, and agree to abide by, the Documents of Melrose Gardens, a Neighborhood Assn Inc., and the Articles of Incorporation and Bylaws. I / WE am/are understand and agree that the Association, in the event a unit is leased, 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 Association Documents of Melrose Gardens Neighborhood Association, the Association's Bylaws, the Florida Condominium/Homeowners' Act and the Rules and Regulations. I / WE authorize Melrose Gardens to conduct a criminal background check.

FILL OUT SECTION BELOW COMPLETELY

BUYER/TENANT Signature: _____ Date: _____

BUYER/TENANT Signature: _____ Date: _____

Name of REALTOR & Real Estate Co: _____

Realtor Phone: _____ Email: _____

Title Co: _____ Ph # _____

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ACTION TAKEN BY BOARD OF DIRECTORS: _____ APPROVED _____ DISAPPROVED Date: _____

BY (Board Member): _____ Title: _____

(Any approval is void in the event of false statements in the above application)

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RETURN THIS FORM WITH YOUR LEASE PACKET TO:
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FOR TENANTS ONLY
Addendum to Melrose Gardens Lease Agreement

TENANT/OWNER: Please fill out, sign and return w/ Lease application

This addendum to the Lease Agreement between _____ (Owner) and _____ (Tenant), constitutes binding and obligatory condition for rental of _____ Melrose Place, Naples, FL 34104 for the lease period of: _____, 20_____ TO _____, 20_____.

All activities must be adjusted to assure that the volume will be in proper measure to assure that there is no disturbance to the occupants of the adjacent unit.

Any request by the occupant of the adjacent unit for sound abatement will be complied with immediately, to assure respect for others' need for quiet and repose.

Vehicles will be parked in driveways perpendicular to the unit and only on the pavement.

Tenant acknowledges he/she has received and read the Melrose Gardens Rules and Regulations.

Lease approval is for the above stated lease period only. Any extension of time beyond that period MUST be approved by the Melrose Gardens Board of Directors 30 days in advance of the extension requested.

I / WE agree to the above provisions.

TENANT Signature: _____ Date: _____

TENANT Signature: _____ Date: _____

I agree to the above provisions and agree to enforce them with my Tenant should I receive a complaint.

OWNER Signature: _____ Date: _____

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C/o RESORT MANAGEMENT
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Character Reference Form

To Whom It May Concern: **Please return TWO Character Reference Forms**

The applicant(s) named below is/are applying for lease or membership in Melrose Gardens Neighborhood Association, Inc. The Board of Directors would appreciate it if you would furnish them with whatever information you consider pertinent regarding the character and stability of the applicant(s).

Upon completion, please give this form to the applicant. This completed Character Reference **MUST** be sent with the application in order for the Board to approve the purchase or lease. Thank you for your assistance in this matter.

Sincerely,
Resort Management Real Estate Coordinator

****

Date: _____ Applicant Name: _____

Reference's Name: _____ Ph # _____

Address: _____

City: _____ State: _____ Zip: _____

How do you know the applicant(s)? _____

For how long have you known applicant(s)? _____

In your opinion would the applicant make a good neighbor? _____

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

_____

_____

_____

_____
Reference's Signature

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