

# Chadwyck Square

## LEASE- Application for Approval

Current owner of record: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Realty Agency: \_\_\_\_\_ Agent: \_\_\_\_\_

Agency Phone: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

**LEASE** - (A complete signed copy of the lease agreement must be attached to this application)

I hereby apply for approval to lease address \_\_\_\_\_ at Chadwyck Square, for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. This unit CANNOT be leased for less than thirty (30) days.

**THIS FORM MUST BE SUBMITTED AND APPROVED THIRTY (30) PRIOR TO OCCUPANCY.**

*Acceptance for Lease of the above address is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Occupancy prior to approval is prohibited. Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.*

**PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:**

Full name of applicant: \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Email(s) \_\_\_\_\_

Full name of spouse (if any) \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Nature of business or profession (if retired, former business or profession: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer address: \_\_\_\_\_

The condominium documents of Chadwyck Square provide for the obligation of unit owners that all units are to be used as single family residences only. Please state the name and relationship of all other persons who will be occupying the unit on a regular basis:

_____	_____
Name	Relationship
_____	_____
Name	Relationship
_____	_____
Name	Relationship

**VEHICLE (S)**

1. \_\_\_\_\_  
Model/Make Plate # Color Year

2. \_\_\_\_\_  
Model/Make Plate # Color Year

**I HEREBY AGREE FOR MYSELF AND ON BEHALF OF ALL PERSONS WHO MAY OCCUPY THE RESIDENCE WHICH I SEEK TO LEASE.** (Please initial by each item.)

- A. \_\_\_\_\_ I/We will abide by all of the restrictions contained in the By-Laws, Rules and Regulations, and Restrictions which are or may in the future be imposed by the Association.
- B. \_\_\_\_\_ I/We understand that we must be present when any guest, visitor or children who are not permanent residents visit.
- C. \_\_\_\_\_ I/ We understand that any violations of the terms, provisions, condition and covenants of the Chadwyck Square Documents, provides cause for immediate action as therein provided or termination leasehold under appropriate circumstances
- D. \_\_\_\_\_ I/We have received a copy and understand the Chadwyck Square Rules and Regulations.

**AUTHORIZATION:** I/We hereby authorize Chadwyck Square to verify all information contained on the application and conduct a full background check, including but not limited to: credit, employment, income, eviction and criminal and authorize that they contact any persons or companies listed on this application.

In making the foregoing application, I am aware that the decision of THE ASSOCIATION will be final and that no reason will be given for any actions taken by the Board. I agree to be governed by the determination of the Board of Directors.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Signature Date

- **Please Submit the following items:**
  - **A non-refundable processing fee of \$100.00. Make check payable to Chadwyck Square.**
  - **A non-refundable background check fee of \$50.00 per adult renter. Make check payable to Cambridge Management of SWFL.**
  - **A fully executed copy of the rental agreement.**
  - **This form completed and signed**

**Return to: Cambridge Management of SWFL**  
2335 Tamiami Trail N, Ste. 402  
Naples, FL 34103  
Phone: 239-249-7000

*For Office Use Only*

( ) Application Approved ( ) Application Disapproved

Officer or Director \_\_\_\_\_  
Signature Date

**Chadwyck Square  
c/o Cambridge Property Management**

**One form needs to be completed per Adult over the age of 18 who will reside in the unit during the term of the lease.**

I understand that an investigative background inquiry is to be made on myself, including but not limited to verifying identity and prior addresses, checking criminal, driving, and credit histories, verifying education, licensing, and prior employment, checking reason(s) for termination of prior employment, requesting work and other references, as well as checking and verifying other relevant information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

**Please Print Clearly**

FULL LEGAL NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ DATES \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESS FOR the LAST 7 YEARS— Include Dates of Residence Above and Below

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

Address \_\_\_\_\_ Dates \_\_\_\_\_

Please use the reverse side if additional space is necessary

Please SIGN with FULL LEGAL NAME and DATE

**APPLICANT's SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_