

WINDJAMMER VILLAGE, INC.
APPLICATION FOR APPROVAL TO RENT / LEASE
55 AND OLDER COMMUNITY PHOTO ID IS REQUIRED

WINDJAMMER VILLAGE OF NAPLES, INC.
C/o RESORT MANAGEMENT
2685 HORSESHOE DR S, #215
NAPLES, FL 34104

PHONE 239-649-5526

FAX 239-403-1061

Unit street address _____ **Unit #** _____

Owned by: _____ **A copy of the lease must accompany this application.**

Rental Beginning Date: _____ **Ending Date:** _____

() I/We apply for approval to lease the Unit listed above.

() I/We represent that the following information is complete and true, and agree that any misrepresentation in this application will justify automatic rejection. I/We consent to additional inquiry concerning this application, and if requested will agree to an appearance before the Board of Directors for further questioning.

Please submit this form to rent/lease to Resort Mgmt along with a check for \$100 made payable to Windjammer Village of Naples. Be sure signed lease is attached to the documents.

Applicant's Name _____ **D.O.B.** _____

Spouse's Name _____ **D.O.B.** _____

Present Address _____ **City** _____ **State** _____ **Zip** _____

Applicant's telephone # _____ **Email address** _____

Applicant's Driver's License# _____ **Spouse's Driver's License** _____

U.S. Citizen? ____ **Male** ____ **Female** ____ if "no" please submit a copy of residency authorization or passport photo

Business or Profession (even if retired) _____

Make of car (s) _____ **Year** _____ **License#** _____ **State** _____

_____ **Year** _____ **License#** _____ **State** _____

Emergency Contact:

Name: _____ **Phone#** _____

Relationship: _____

GENERAL CONDTIONS

I/We are aware that Windjammer units may be leased a minimum of (30) days or a maximum period of one year.

I/We are aware that the units may not be occupied by more than (2) residents per bedroom. **THIS IS COLLIER COUNTY CODE.**

I/We have read the Rules and Regulations of Windjammer Village, Inc. and agree to comply therewith if this application for approval to rent / lease is approved.

	/	
Tenant	Date	Tenant
		Date

Office Use Only:

Sales & Rental Committee: _____

Interviewer/Date **Interviewer/Date**

By Board of Director _____ Date _____ Approved _____

Application is Denied:
Board of Director_____ **Date**_____

Submit the above forms, documents and application fee to:

**WINDJAMMER VILLAGE OF NAPLES, INC.
C/o RESORT MANAGEMENT
2685 HORSESHOE DR S, #215
NAPLES, FL 34104**

PHONE 239-649-5526**FAX 239-403-1061**

Windjammer Village of Naples, Inc.

Rules and Regulations Form

The purpose of this form is to insure that all shareholders/homeowners and residents have received a copy of and agree to abide by the revised Rules and Regulations adopted by the Board of Directors

Dated: FEB 21, 2019

I/We (name) _____

The Shareholder (s), Homeowner (s), Resident (s) living at _____

_____ in Windjammer Village have received a copy of these revised Rules and Regulations and agree to read and abide by these revised Rules and Regulations.

If the Shareholder or Homeowner or Resident is not in residence at the time these Rules and Regulations are distributed, a copy shall be mailed to them at their most recent known address. The mailing of this document and the certification of the mailing list shall serve as agreement by the Shareholder, Homeowner or Resident.

Signature: _____ Date: _____

Signature: _____ Date: _____

Windjammer Village of Naples, Inc.

Pet Form

- ☐ You are allowed a maximum of no more than **two (2)** pets per unit
- ☐ I do not have any pets at this time.
- ☐ I understand that falsification of information or failure to register my pet will result in revocation or the denial of approval by the Windjammer Village Board.
- ☐ I further understand that I am fully responsible for the action of my pet and have read the Rules and Regulations regarding the control of my pet.
- ☐ I understand that this Pet Approval is only for this pet and expires when the pet is no longer on the property.

REQUIRED DOCUMENTATION:

- 1. Please Submit a Color Photo of your Pet**
- 2. Attach a copy of the pet's current immunization record**

Owner: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Type of Pet: _____ Weight: _____

Breed: _____ License # / City, State _____

Signature of Owner

Print Name

Windjammer Database Mgr

Date: