TERRENO HOMEOWNERS' ASSOCIATION
1975 Terreno Blvd
Naples, FL 34120

Application for Approval of Leasing Transfer

NOTE: Please submit this form, at least twenty (20) days prior to leasing to allow for processing time.

Approval must be received prior to lease start date.

Owner of Record: _____
Property Address: _____
Tenant(s): _____
Lease Period: _____/_____/_____ To _____/_____/_____

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR LEASING IN TERRENO HOMEOWNERS' ASSOCIATION, INC., IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS, THE TENANT(S) REPRESENT THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT AND CONSENT TO FURTHER INVESTIGATION CONCERNING THIS INFORMATION OR ANY INFORMATION WHICH COMES FROM THAT INQUIRY WHICH IS NECESSARY FOR APPROVAL OF THIS REQUEST.

Persons/organization leasing unit (If Trust/Corp/other, the designated person/officer must also be noted):

Name_____ DOB _____
Email: _____

Name_____ DOB _____
Email: _____

Other occupants related to above lesser(s):
Name_____ DOB _____ Relationship_____
Name_____ DOB _____ Relationship_____
Name_____ DOB _____ Relationship_____

Note: Occupancy restricted to 1 family, no more than two (2) persons per bedroom, including children.

Tenant(s) *must* complete the following for all correspondence dealing with this Association:

Address: Street: _____ City_____ State_____ Zip _____

Phones: Home: _____ Business: _____ Cell: _____

E-mail:_____

Emergency Contact: Name_____ Phone#:_____

Address: Street_____ City_____ State_____ Zip_____

VEHICLES:
#1: Make_____ Model_____ Color_____ Yr_____Tag#_____State_____

#2: Make_____ Model_____ Color_____ Yr_____Tag#_____State_____

PETS: "Wolf Hybrids" or other dogs prone to or exhibiting aggressive behavior **may not** be kept. See "Use Restrictions", Article IX Section 6 in Governing Documents. If no pets, please write "none".

#1. Type_____Name_____ Pet License#_____St_____Date_____
Breed_____Weight_____ Rabies Vaccination Date_____

#2. Type_____Name_____ Pet License#_____St_____Date_____
Breed_____Weight_____ Rabies Vaccination Date_____

I/WE AM/ARE AWARE AND AGREE TO ABIDE BY THE AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS OF TERRENO HOMEOWNERS' ASSOCIATION INC., THE AMENDED AND RESTATED ARTICLES OF INCORPORATION, THE AMENDED AND RESTATED BYLAWS, AND ANY RULES AND REGULATIONS. YOUR SIGNATURE WILL ACKNOWLEDGE YOUR AGREEMENT TO COMPLY WITH ALL GOVERNING DOCUMENTS INCLUDING THE RULES AND REGULATIONS AS WRITTEN.

SIGNATURE OF APPLICANT _____DATE_____

SIGNATURE OF APPLICANT_____ DATE_____

Name of Real Estate Agent & Agency (if applicable):_____
Address: _____Phone:_____
Email: _____

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present members of the Association to welcome you to an environment in which adherence to all Rules and Regulations will ensure an ideal private and community life.

The following items MUST be included at the time the application is submitted. Items not submitted will cause delays in processing.

_____ $100 Non-refundable Application Fee Payable to : Hampton Golf
_____ Fully Completed Application for Approval of Leasing Transfer
_____ Copy of Fully Executed Rental Contract

Return ALL above items to: **Terreno Homeowners' Association**
1975 Terreno Blvd
Naples, FL 34120

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Action of Board of Directors Terreno

APPROVED_____ DISAPPROVED_____ DATE OF DECISION _____

BY: _____ OR _____
Association Director **Manager for the Association**

TENANT LEASE PERIOD: / / TO / / FOR OFFICE USE ONLY