

NAPA RIDGE HOMEOWNERS ASSOCIATION

Rental Application

Date of Application ____/____/____

House # _____

Current Owner(s) of Record: _____

Term of Lease: From ____/____/____ to ____/____/____ (min 3 month, max 1 year, 2 times per year)

In accordance with the DECLARATION OF HOMEOWNERS ASSOCIATION, the applicant represents that the following information is true and correct, and consents to further investigation concerning this information that may be necessary for approval of this request.

ALL PERSONS WHO WILL OCCUPY the house are as follows:

NAME	AGE	NAME	AGE
NAME	AGE	NAME	AGE
CURRENT ADDRESS	TELEPHONE NUMBER	EMAIL	
EMPLOYER		OCCUPATION	
EMPLOYER'S ADDRESS		TELEPHONE NUMBER	

REFERENCES: PLEASE INCLUDE TWO CHARACTER REFERENCES. THIS IS VERY IMPORTANT.

NAME	ADDRESS	TELEPHONE NUMBER
NAME	ADDRESS	TELEPHONE NUMBER

ALL VEHICLES to be parked on Association property:

MAKE	COLOR	YEAR	LICENSE PLATE NUMBER
MAKE	COLOR	YEAR	LICENSE PLATE NUMBER
MAKE	COLOR	YEAR	LICENSE PLATE NUMBER

I/We hereby acknowledge that I/We have received and read a copy of the Association Rules and Regulations and agree to abide by them, as well as any revisions which may occur in the future. **Pets are NOT permitted.** To Applicant: Please return this form **FULLY COMPLETED** with a **COPY OF THE LEASE AGREEMENT, BACKGROUND CHECK APPLICATION** and a **NON-REFUNDABLE** check for \$100.00 payable to NAPA RIDGE and send to the mailing address below.

Signature of Applicant _____ Date _____ Signature of Applicant _____ Date _____

(Please do not write below this line.)

ACTION BY BOARD OF DIRECTORS: APPROVED ___ DISAPPROVED ___ DATE ____/____/____

by _____ Title _____

**c/o Newell Property Management Corporation
5435 Jaeger Road #4, Naples Florida 34109, USA
Phone: 239-514-1199~Fax: 239-331-7178**



STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC.

BACKGROUND CHECK APPLICATION

APPLICANT INFORMATION					
NAME:			LIST ANY OTHER NAMES YOU HAVE USED:		
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:		
CURRENT ADDRESS				WORK PHONE:	
CITY:		STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:	
CURRENT RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		MONTHLY PAYMENT OR RENT:		DRIVERS LICENSE:	
STATE ISSUED:	EXPIRATION DATE:	EMAIL:			
CURRENT EMPLOYMENT INFORMATION					
CURRENT EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
PREVIOUS EMPLOYMENT INFORMATION					
PREVIOUS EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:		FAX:		EMAIL:	
POSITION HELD:		COMPENSATION: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY		ANNUAL SALARY:	
EMERGENCY CONTACT					
NAME:					
CURRENT ADDRESS					
CITY:			STATE:		ZIP:
RELATIONSHIP:		HOME PHONE:		CELL PHONE:	

REFERENCES

NAME	ADDRESS	PHONE

ACKNOWLEDGMENT & RELEASE

I CERTIFY AND DECLARE UNDER PENALTY OF PERJURY UNDER RELEVANT STATE AND FEDERAL LAW THAT THE INFORMATION CONTAINED HEREIN IS COMPLETE, TRUE AND ACCURATE. I ACKNOWLEDGE THE FALSIFICATION OR ELIMINATION OF ANY INFORMATION MAY RESULT IN THE FILING OF CRIMINAL CHARGES. I HEREBY CONSENT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. TO COMPLETE AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS A CONSUMER CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT, AND TO RELEASE THE INFORMATION TO THE SUBMITTING PARTY. I FURTHER AUTHORIZE ALL PERSONS AND ORGANIZATION THAT MAY HAVE INFORMATION RELEVANT TO THIS INVESTIGATION TO DISCLOSE SAID INFORMATION TO RELEASE IT TO STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. I HEREBY RELEASE STATEWIDE SECURITY ENFORCEMENT & INVESTIGATIONS INC. FROM ALL CLAIMS AND LIABILITIES OF ANY NATURE IN CONNECTION WITH THIS INVESTIGATION, RESULTS AND DECISION. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE CONSIDERED VALID. I UNDERSTAND THAT I HAVE PRESCRIBED RIGHTS AS A CONSUMER UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA) AND HAVE A COPY OF THESE RIGHTS TITLED "FAIR CREDIT SUMMARY OF RIGHTS"

PRINT NAME:

SIGNATURE:

DATE:

DISCLOSURE CONSENT APPLICATION**APPLICANT INFORMATION**

NAME:		LIST ANY OTHER NAMES YOU HAVE USED:	
DATE OF BIRTH:	SSN:	HOME PHONE:	CELL PHONE:
CURRENT ADDRESS			WORK PHONE:
CITY:	STATE:	ZIP:	LENGTH AT CURRENT RESIDENCE:
CURRENT RESIDENCE	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	MONTHLY PAYMENT OR RENT:	DRIVERS LICENSE:
STATE ISSUED:	EXPIRATION DATE:	EMAIL:	

I HEREBY GIVE CONSENT FOR AN INVESTIGATIVE CONSUMER REPORT TO BE PREPARED ON ME, WHICH MAY INCLUDE INFORMATION ABOUT ME OBTAINED FROM LAW ENFORCEMENT AGENCIES, STATE AGENCIES, AS WELL AS PUBLIC RECORDS INFORMATION SUCH AS CREDIT REPORTS, SOCIAL SECURITY INFORMATION, CRIMINAL HISTORY INFORMATION, MOTOR VEHICLE RECORDS, AND WORKERS COMPENSATION RECORDS, SUCH AS ARE ALLOWED BY LAW AND IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT.

SIGNATURE_____
DATE_____
WITNESS_____
DATE

PLEASE USE THE BACK OF THE FORM OR ANOTHER PIECE OF PAPER FOR ANY ADDITIONAL INFORMATION

RULES & REGULATIONS LEASES

- A. All leases must be approved by the Board of Directors of Napa Ridge Homeowners Association, Inc. (the “Association”) prior to the commencement of the lease.
- B. In order to submit a lease for Association approval, the following must be submitted to the Association at least 30 days prior to the commencement of the lease term:
1. the fully completed Application for Approval to Lease in the form approved by the Association;
 2. a copy of the proposed lease;
 3. payment of the application fee in the amount of \$100 for each proposed tenant over the age of 18 (except that only one fee of \$100 is required for a married couple);
 4. a credit report for each proposed tenant over the age of 18; and
 5. a criminal background check for each proposed tenant over the age of 18 which shall include, at a minimum, a nationwide search for any misdemeanor and felony convictions.
- ***Please note that the credit report and criminal background check are to be obtained by you and that you are responsible for any associated fees. The credit report and background check must then be submitted to the Association before your application will be deemed complete.

All items shall be submitted by email to: chezanne@newellpropertymanagement.com

- C. Credit reports and criminal background checks may be obtained from the below company or from a company of your choice:

Statewide Security Enforcement & Investigations, Inc.

Security@SSEII.com

(877)234-7533

- D. If any question is not answered or left blank on the Application for Approval to Lease, the application will be deemed incomplete and will be returned, not processed and not approved.
- E. The Association will notify you within 15 days of receipt of all items required in section “B” above if an interview of the proposed tenant(s) is required prior to final Board approval.
- F. Occupancy prior to Board approval is prohibited.
- G. The owner must provide the proposed tenants with a copy of all governing documents and rules and regulations for the Association.