

Treasure Bay I / Garden Homes Association, Inc

C/o American Property Management
8825 Tamiami Trail East, Naples FL 34113
Ph: (239) 774-0105

1. No application will be processed unless fully and properly completed with appropriate check or checks. The application must be submitted at least 20 days before occupancy.
2. A non-refundable **\$100 application fee, PAYABLE to TREASURE BAY I Assn** must accompany your application. There is also a fee for the criminal background check, that fee is **\$50 PER ADULT made PAYABLE to BRIDGEWATER BAY POA. TWO (2) SEPARATE CHECKS ARE REQUIRED.**
3. No subleasing or assignments of lease rights are allowed.
4. NO PETS ALLOWED FOR TENANTS AND/OR GUESTS.
5. Rentals: 30-day minimum / 12-month maximum / No more than 3 rentals per year.
6. Parking is restricted to two (2) private automobiles and passenger-type "mini-vans", jeeps and pick-up trucks having a capacity of no more than 2 tons and those vehicles permitted by Community Documents. No Commercial vehicles, campers, mobile homes, motor homes, house trailers or trailers of every other description, recreational vehicles, boats, boat trailers shall; be permitted to be parked or to be stored on the condominium property, except in closed garages, so long as such storage in the garage does not require permitted vehicles to be improperly parked.
7. Garage and trash shall be securely bagged and kept in Rubbermaid type receptacles in garages at all times except when receptacles are placed at the curb for scheduled pick up by Waste Management. No receptacles shall be placed at the curb more than 12 hours prior to scheduled pick up or remain at the curb more than 12 hours after pick up. Pick up schedule is as follows:

Wednesday: Recycling and Trash pick-up is between: 6:00 am – 6:00 pm
Saturday: Trash only 6:00 am - 6:00 pm
8. Garage doors shall be kept closed at all times except as necessary for ingress or egress purposes. Garages may only be used for the purposes intended and may not be converted to additional living space.
9. Entry Codes, gate access barcodes and the FOB's (keyless entry to be used to enter the clubhouse): Please make an appointment with the Assistant Property Manager at 239-592-5111 Monday through Friday 8:30am – 4pm at the clubhouse to register and obtain your entry codes. Bar Codes for the gate can be sold to annual tenants for \$5.00. The FOB's and Tennis Keys are obtained from the Owner of the property.
10. All guests who occupy the unit in the absence of the unit shall register with the association at the clubhouse.

Please sign here that you have read the rules and regulations and agree to abide by these and other rules and regulations as set forth in the documents. I am aware that a criminal background check will be done and I give my approval.

Signature _____ Date _____ Signature _____ Date _____

APPLICATION FOR APPROVAL TO PURCHASE AT TREASURE BAY I

Unit Street Address _____ Unit # _____

Current Owner _____ Closing Date _____

() I / We apply for approval to PURCHASE 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.

FULL LEGAL NAMES:

Applicant Name _____ Social Security # _____ DOB _____

Spouse Name _____ Social Security # _____ DOB _____

Current Address _____

City _____ ST _____ Zip _____ Ph # _____

Alt Ph # _____ Email _____

Applicant Drivers Lic # _____ ST _____

Spouse Drivers Lic# _____ ST _____

US Citizen: Y or N Passport # _____

A copy of your DL or State-Issued ID card is REQUIRED

If not a US Citizen, submit residency authorization. *include copy of passport picture.

Employer _____ Occupation _____

CARS LIMITED TO GARAGE AND DRIVEWAY SPACE (NO PARKING ON THE GRASS) SEE PARKING REGULATIONS. COMMERCIAL VEHICLES AND OVERSIZED VEHICLES (Those that can not fit into the garage of the unit) ARE NOT ALLOWED IN BRIDGEWATER BAY. **Tenants are allowed TWO (2) VEHICLES ONLY.**

Make/Model _____ Year _____ License _____ State _____

Make/Model _____ Year _____ License _____ State _____

The Condominium Documents of The Garden Homes Association provide obligation of the unit owners that all units are for single family residency only. Please state the name, relationship and age of all other persons who will be occupying the unit regularly.

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to be notified in emergency _____

Address _____ Ph # _____

General Conditions

I/We are aware that the Garden Homes units may be leased a minimum of (30) days up to (3) times in a calendar year for a maximum period of one year, unless a shorter period is approved by the Board of Directors.

I/We are aware that the units may not be occupied by more than (2) residents per bedroom.

I/We am aware that a background check will be done and I give my approval.

I/We have read the Declaration of Condominium, Charter, By-Laws and House Rules of the Garden Homes Association and agree to comply therewith if this application for approval to lease is approved.

Purchaser Signature

Date

Approved by Board Member (Signature)

Date

Application Denied

Board of Directors Signature

Date

Return your application to:

Treasure Bay I / Gardens Homes
C/o American Property Management
8825 Tamiami Trail East, Naples, FL 34113
Ph: (239) 774-0105 / Fax: (239) 774-0112
Carla@Americanpms.net

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CHARACTER REFERENCE FORM

Date: _____

Applicants Reference(s) Name: _____

Street Address:

City / State / Zip _____ Ph # _____

RE: APPLICANT'S NAME: _____

Association Applying to: _____

To Whom It May Concern:

The applicant's named above are applying for membership in a Community Association. The Board of Directors would appreciate it if you would furnish us with whatever information you consider pertinent regarding the character and stability of the applicant's.

Upon completion, please return this form to the management company by mail, email or fax. Should you have any questions, or need any assistance, please contact our office. Your prompt reply is greatly appreciated.

How do you know the applicant(s)? _____

For how long have you known the applicants(s)? _____

In your opinion, would the applicant make a good neighbor? Yes No

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

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Gardens Homes Association
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PET FORM

Owners: YOUR ARE ALLOWED (2) PETS, 25 POUND WEIGHT LIMIT

- I do not have a pet 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 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.

PLEASE SUBMIT A COLORED PHOTO OF YOUR PET

Owner: _____ Bldg / Unit # _____

Address: _____

Ph #: _____ Work or Cell #: _____

Type of Pet: _____ Present Weight: _____ lbs

Breed: _____ Weight at Maturity _____ lbs

Type of Pet: _____ Present Weight: _____ lbs

Breed: _____ Weight at Maturity _____ lbs

Attach a copy of immunization record:

Signature of Purchaser

Please print name

Association Approval

Date