

## LEASE APPLICATION

1. A non-refundable \$100.00 application processing fee, made payable to Aruba, Bequia or Caribe at Cove Towers Condominium, Inc. must accompany your application.
2. A **\$500.00 refundable deposit** is required by the current unit owner prior to moving out, payable to the individual buildings. This deposit must be given to the Property Manager 72 hours in advance of the move and will only be used should any damage occur during or because of the move. The deposit will be refunded to the owner following inspection and approval of the areas by the Property Manager at the end of the move. (Refer to the Association's Rules & Regulation Section 9.1).
3. A **\$500.00 refundable deposit** is required by the new unit owner prior to moving in, payable to the individual buildings. This deposit must be given to the Property Manager 72 hours in advance of the move and will only be used should any damage occur during or because of the move. The deposit will be refunded to the owner following inspection and approval of the areas by the Property Manager at the end of the move. (Refer to the Association's Rules & Regulation Section 9.1).
4. Any approval is void in the event of false statements in the Lease application.
5. Lease application needs to be in our office fifteen (15) days before the start of the lease.
6. A fully executed copy of the proposed lease agreement must be enclosed with the application.
7. Color Copy of all Applicants Identifications
8. No subleasing or assignments of lease rights are allowed.
9. It is the responsibility of the owners and rental agents to collect the Collier County Tourist Development Tax of five (5%) percent and Florida State Sales Tax of seven (7%) percent on all accommodations rented for six (6) months or less. Please call the Collier Tax Collector's office at (239) 252-8829 and Florida Department of Revenue at (239) 348-7565 if you have any questions or concerns.
10. Rentals: 30 day minimum, maximum of 4 per year. Yearly leases are acceptable.
11. Pets: Per the Association documents, tenants and guests are **NOT** permitted to have pets.
12. Vehicles: Check your documents, as there are assigned parking spaces.
13. Please sign on page 3 indicating that you have read the Application as stated above and agree to abide by the Rules and Regulations as set forth including the Cove Towers Association Documents.



430 Cove Tower Drive – Office Naples, FL 34110  
Office 239-566-1976 / Email: [covetowers@kwpmc.com](mailto:covetowers@kwpmc.com)

**LEASE APPLICATION**

Building \_\_\_\_\_ Unit# \_\_\_\_\_

Owner \_\_\_\_\_

**Term of Lease**

Start \_\_\_\_\_ Expiration \_\_\_\_\_

Lease term 30 day minimum; no more than 4 rentals per year

- Please include a copy of the fully executed lease agreement.
- It is the responsibility of the owners and rental agents to collect the Collier County Tourist Development Tax of five (5%) percent and Florida State Sales Tax of seven (7%) percent on all accommodations rented for six (6) months or less. Please call the Collier Tax Collector's office at (239) 252-8829 and Florida Department of Revenue at (239) 348-7565 if you have any questions or concerns.
- Renters are NOT permitted to have pets, unless Service or Emotional Support Animal
- Tenants cannot take occupancy until Association approval is granted.

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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.

Applicant's Name(s): \_\_\_\_\_

\_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # (Please provide a color copy of each ID with application)

Business or Profession (even if retired) \_\_\_\_\_

Please state the name, relationship, and age of all other persons who will be occupying the unit regularly:

Name	Relationship	Age
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I/We have read the Declaration of Condominium Documents, Charter, By-Laws, Rules & Regulations of the Condominium Association and agree to comply there with if this application for approval to LEASE is approved.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Firm / Owner Handling Lease \_\_\_\_\_

Owner or Agent Email \_\_\_\_\_ Phone \_\_\_\_\_

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FOR AN APPROVAL TO BE ISSUED, THE COMPLETED APPLICATION, REFERENCE FORMS, SIGNED ACCEPTANCE OF RULES & REGS, A COPY OF THE LEASE AGREEMENT, ALONG WITH THE \$100.00 APPLICATION FEE MUST BE RETURNED PRIOR TO OCCUPANCY TO

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____
By: _____		
(Board Member)	(Office)	

ANY APPROVAL IS VOID IN THE EVENT OF FALSE STATEMENTS IN THE APPLICATION.



**Lease Information Card**

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

**Owner Contact**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Rental Information**

Start Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PETS- Only Service or Emotional Support Animals Allowed (must submit paperwork)**

Breed? \_\_\_\_\_ Picture \_\_\_ Yes \_\_\_ No Weight \_\_\_\_\_ Age \_\_\_\_\_

**VEHICLES:**

Tag # & State: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Tag # & State: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Return this form by  
email: covetowers@kwpmc.com

or  
mail: Cove Towers COA  
430 Cove Tower Drive, Office  
Naples, FL 34110