

## Application for Rental Residency at Lazy Days Village

Dear Applicant:

Enclosed is the *Application Packet* to apply for residency in our community.

## **Complete the following:**

- 1. Application
- 2. Provide copy of your driver's license(s).
- 3. Provide copy of rental contract
- 4. Non-refundable \$100 per person application fee check or money order only. Payable to *Lazy Days Village*. Cash or card not accepted.

Application missing any items will delay application process.

\*\* Please make sure you have read and agreed to the Rules and Regulation of Lazy Days Village governing documents before you commit to being a tenant. These documents are available from your potential landlord.

Please feel free to call the office if you have any questions at (239) 995-5880.

Thank you

Jan Provence, CAM CMCA® Association Manager Lazy Days Village

Phone: 239-995-5880, Fax: 239-995-2525

Email: lazydays@newbymanagement.com www.lazydaysvillage.com

**REVISED 9/11/2023** 

## Lazy Days Village - A 55+ Community 2524 North Tamiami Trail, North Ft. Myers, FL 33903 Renters Application

We invite you to complete the following application to start the process of entry into our professionally managed community. We endorse the *Fair Housing Act* and qualify each application equally. We value every person: regardless of their race, color, religion, national origin, age, disability, genetics/genetic information, familial status, gender identity, expression, or veteran status. We use a national agency to consistently qualify potential customers using a written guideline including credit reports, criminal background checks and public records available. We Thank You for the opportunity to serve you. A Non-Refundable application Fee of \$100 per person - CHECK OR MONEY ORDER. NO CASH OR CARD ACCEPTED. APPLICATION MUST BE SUBMITTED A MAXIMIUM OF 8 WEEKS PRIOR TO THE BEGINING OF THE LEASE

Homeowner: Rental Dates - From/To:/									
Address Renting: _	Phone #:								
		]	Renter's Info	rmation	1				
Applicants #1 Last Name		Applicants First Name			Middle Name	Jr/Sr			
sirth Date Social Security		Drivers License/State				Marital Status M S D			
Current Address		City		State	Zip Code	How Long?			
Previous Address		City		State	Zip Code	How Long?			
Cell Phone Number		Phone Number ( )			Email address	<u> </u>			
Applicant #2 Last Name		Co Applicants First Name			Middle Name	Jr/Sr			
Co-App Birth Date Co-App Social		Gecurity Co-App Drivers License/Sta			re Co-App Marital Status  M S D				
Current Address		City		State	Zip Code	How Long?			
Previous Address		City		State	Zip Code	How Long?			
Cell Phone Number		Phone Number  ( )			Email address	address			
Emergency Contact			Relationship			Phone Number			
Street Address		City			State	Zip Code			
Monthy Income Applicant #1			Source (pension, wages, salary)						
Monthy Income Applicant #2			Source (pension						
HAVE YOU OR ANY	ONE IN VOUR	IOUSEHOLD I	REEN CONVICTE	D OE A FE	LONY OP SEY CE	DIME2			

NO\_\_\_\_\_ If YES, please explain:\_\_\_

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the facts set forth in the above application are true and cor application shall be considered cause for eviction. You a credit record through any investigation/credit agencies	re hereby authorized to make	<u>any investi</u> ç	gation of m	y personal history, financial and
SIGNATURE OF APPLICANT	SIGNATURE OF CO-APPLICA	.NT		APPLICATION DATE
Received copy of Rules & Regulations and agree to abide by them	ee Initials	_		
OFFICE USE ONLY:				
APPROVED BY	APPROVAL DATE			
Driver's Liscence: Rules & Regulations:	\$Application Fee:	Ck#	_ Date:	

This is an application for residency and completing the application does not in itself grant residency into the community. I hereby certify that

Revised 11-2021