

# Quartz Cove at The Quarry Condominium Association

c/o Newell Property Management Corporation

5435 Jaeger Road #4, Naples, Florida 34109

(239) 514-1199

[info@newellpropertymanagement.com](mailto:info@newellpropertymanagement.com)

[www.newellpropertymanagement.com](http://www.newellpropertymanagement.com)

## Rental Application

The following items must be submitted. **Please do not submit partial packages.** Applications are not considered received until all documentation is submitted.

- \_\_\_ Completed Application – (**no blanks**) must be filled out in order to process.
- \_\_\_ \$100 non-fundable application fee – check made payable to **Quartz Cove**  
(*applications cannot be processed until the fee has been received*)
- \_\_\_ Two reference letters
- \_\_\_ Lease Contract (signed copy)
- \_\_\_ For U.S. Citizens, copy of current drivers license, social security number. For non-U.S. Citizens, a copy of passport for each application

Applications **must be submitted 30 days prior to Lease Occupancy.**

|                               |               |                                  |                |
|-------------------------------|---------------|----------------------------------|----------------|
| _____<br>APPLICANTS SIGNATURE | _____<br>DATE | _____<br>CO-APPLICANTS SIGNATURE | _____<br>DATE  |
| _____<br>OWNER'S SIGNATURE    | _____<br>DATE | _____<br>EMAIL                   | _____<br>PHONE |
| _____<br>REALTOR'S SIGNATURE  | _____<br>DATE | _____<br>EMAIL                   | _____<br>PHONE |

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## Rental Application – Page 2

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Quartz Cove Property Address (including unit #)** \_\_\_\_\_ Quartz Lane # \_\_\_\_\_

Owner(s) Name(s) \_\_\_\_\_

Lease Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ *Lease term minimum of 30 days*

Rental/Leasing Agent \_\_\_\_\_ Phone \_\_\_\_\_

Rental/Leasing Agent Email Address \_\_\_\_\_

In accordance with the governing documents of the Association, this application must be submitted along with required enclosures and \$100 application fee, thirty (30) days prior to occupancy to allow for processing time. Tenants may not move in until the Association has tendered official approval of their lease, and further, that moving in prematurely constitutes grounds for disapproval.

I (we) represent that the following information is complete and true. I (we) agree that any misrepresentation will justify automatic rejection. I (we) consent to additional inquiry concerning this application, including the background check and check of references below.

### TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ S.S. # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Current Employer \_\_\_\_\_ Position Held \_\_\_\_\_

Employer's Address \_\_\_\_\_ Phone ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Length of time in position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_

Citizen of U.S.? \_\_\_\_ If no, submit document copy of residency authorization or passport photo page

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

# Rental Application – Page 3

Use of this home is for single family residence only. Two occupants per bedroom.

Please list the names, relationship, and age of all persons who will occupy your home in addition to the applicants listed above.

| NAMES | RELATIONSHIP | AGE   |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_  
If yes, please include details

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Any litigation such as evictions, suits, judgments, bankruptcies, foreclosures (etc.)? Yes \_\_\_ No \_\_\_

If yes, give details and dates

(please use the back of this page if more space is needed)

Are you a member of U.S. Armed Forces on active duty or state active duty, the Florida National Guard, or the United States Reserve Forces? \_\_\_\_\_

**I have received, read, and agree to abide by the Declaration, Bylaws, Amendments, Articles of Incorporation, and the Rules and Regulations of Quartz Cove.**

I (we) further agree that in the absence of the owners, the Association is granted full power to take whatever action necessary, including eviction, to prevent or stop violations by lessees and their guests.

The prospective tenant(s) understands that the Association or its manager may use the above application to perform a background check on the applicant(s) listed above. This information will be kept confidential and may be used to approve or disapprove the applicant(s).

Occupancy prior to Board approval is prohibited.

I (we) have read, understood, and agree to all of the statements above.

Applicants Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
Applicants Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Acceptance on behalf of Quartz Cove  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature of Authorized Representative for the Board of Directors \_\_\_\_\_ Date \_\_\_\_\_