



Le Ciel Venetian Tower Assoc.

3971 Gulf Shore Blvd. N Naples FL 34103
239-261-1157

lcvtmanager@gmail.com

APPLICATION FOR APPROVAL OF LEASE INSTRUCTIONS

1. The lease application form attached must be filled out in its entirety.
2. A copy of the lease agreement must accompany the completed application.
3. A check for \$150.00 must accompany the application, payable to Tower 400 at Kalea Bay
4. A personal interview is required. Everyone who will be residing in the unit must be present. Please call the GM at (239) 201-0216 to set up an appointment for the interview.
5. All required items may be sent to:

Le Ciel Venetian Tower Assoc.
3971 Gulf Shore Blvd N
Naples, FL 34103
Lcvtmanager@gmail.com

6. The association has 20 days after the receipt of all references to act upon the application.



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	G OWN	G 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: G HOURLY G SALARY		ANNUAL SALARY:	
PREVIOUS EMPLOYMENT INFORMATION					
PREVIOUS EMPLOYER:					
EMPLOYER ADDRESS:					HOW LONG?:
CITY:		STATE:	ZIP:	NAME OF SUPERVISOR:	
PHONE:	FAX:		EMAIL:		
POSITION HELD:		COMPENSATION:		ANNUAL SALARY:	
EMERGENCY CONTACT					
NAME:					
CURRENT ADDRESS					
CITY:			STATE:		ZIP:
RELATIONSHIP:		HOME PHONE:		CELL PHONE:	

13460 RICKENBACKER PKWY.
877 234 7533

SUITE 1

FORT MYERS, FL 33913
FAX: 877 248 4349

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

Application to Lease

Date Submitted: _____

I, _____ Owner of Unit _____ No. hereby notice Le Ciel Venetian Tower Condo Association, Inc. of my intent to lease the unit beginning the day of: _____ through the day of: _____ Pets of 25lbs or less are permitted

This application must be submitted to the Association's management office and must be supported with full documentation, including a fully executed copy of the lease agreement, and a nonrefundable application fee in the amount of \$150.00, payable to Le Ciel Venetian Tower Assoc. Approval or denial will be issued within twenty (20) days from the date of receipt of the application.

1. Lessee Information

o Full Name of Lessee: _____

Birth Date: _____ *Last four of SSN: _____

Best Phone No: _____ Email: _____

o Full Name of Co-Lessee or Spouse: _____

Birth Date: _____ *Last four of SSN: _____

Best Phone No: _____ Email: _____

2. Previous or Current Address

Street: _____ Unit #: _____

City: _____ State: _____ Zip: _____

3. Other Occupant Information

Only the lessee, his or her family members within the first degree of relationship by blood, adoption or marriage, and their spouses and temporary house Guests may occupy the Residential Unit. The Total number of overnight Occupants of a leased Residential Unit is limited to two (2) person per bedroom. All units of the Association are designated as single-family residences only. Please state the name, relationship, and age of all other people who may be occupying the unit regularly.

- o Name: _____ Age: ____ Relationship: _____
- o Name: _____ Age: ____ Relationship: _____
- o Name: _____ Age: ____ Relationship: _____
- o Name: _____ Age: ____ Relationship: _____

4. Please provide contact information of the person to be notified in case of an emergency:

Name: _____ Best Phone No: _____

Email: _____

5. There may be a maximum of two vehicles per unit kept on site. Please provide the following information for the vehicles you intend to park on premises:

o Make:Model:Year: _____

Color: _____ Plate: _____ State: _____

o Make:Model:Year: _____

Color: _____ Plate: _____ State: _____

6. Please provide your notification Mailing Address, if different than home address listed above:

Name: _____ Email: _____

Street Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

7. Please provide the contact information for the leasing agent below, if applicable.

Relators' Name: _____ Firm Name: _____

Email Address: _____ Best Phone No: _____

8. APPLICANTS' AFFIDAVIT:

I have read and agree to abide by the Association's Declaration of Condominium, Bylaws and published Rules and Regulations. I represent that the information stated is factual and correct and I agree that any misrepresentation in this application will justify its disapproval. I consent to any further inquiry concerning this application and the references given. I agree to be available for an interview with the designated representative(s) of the Association.

Signatures:

Lessee: _____ Date: _____

Co—lessee: _____ Date: _____

Management Office Use Only

This Lease is: Approved Disapproved

Interviewed By: _____

Title: _____ Date: _____

Administrative Checklist:

Application Received: _____

Executed Lease Agreement Received: _____

Application Fee Received: _____ Check #: _____

Informed Board: _____