

GRANADA LAKES 55 + CONDOMINIUM ASSOCIATION OCCUPANT FORM - Application Fee \$50

****No Owner may rent or lease lot/unit for a 24-month period from date of title acquired.**

Completed form must be submitted to Granada Lakes BOD 7 days prior to occupancy for approval.

BOD APPROVAL IS REQUIRED TO RENT OR LEASE IN COMPLIANCE WITH GLCA BY-LAWS RULES AND REGULATIONS.

Occupancy max (2) persons except for temporary visiting guests. Each unit is limited to two QUIET and INOFFENSIVE household pets.

LOT#: _____ LOT OWNER: _____ OWNER PHONE #: _____

LOT STREET ADDRESS: _____

DATE OF APPLICATION: _____ (New Application is required yearly)

OCCUPANCY PERIOD: START DATE: _____ END DATE: _____

OCCUPANT (Circle one): RENTER FAMILY MEMBER FRIEND

1ST OCCUPANT: _____ DOB _____
First *MI* *Last* *MM/DD/YYYY*

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

CURRENT ADDRESS: _____

2nd OCCUPANT: _____ DOB _____
First *MI* *Last* *MM/DD/YYYY*

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

CURRENT ADDRESS: _____

IF LOT IS EMPTY, TYPE OF VEHICLE TO BE PLACED ON LOT:

MOTOR HOME TRAILER YEAR _____

Length: Minimum 18' Maximum 45'

PLATE# _____ STATE: _____ LENGTH : _____

Rules & Regulations found on Website - www.GRANADALAKES.com

- AUTOMOBILES (limit 2 if space allows) PLATE: _____ ST: _____ YR: _____
- DO YOU HAVE A PET? _____ QTY: _____ HAVE YOU READ THE PET RULES? DATE: _____
- HAVE YOU READ THE PARK RULES AND REGULATIONS? YES NO DATE: _____
- WILL YOU OBEY ALL PARK RULES AND REGULATIONS? YES NO DATE: _____

GRANADA LAKES CONDO ASSOCIATION - 7010 GRANADA LAKES DR. FORT MYERS, FL 33967

OCCUPANT: Please sign and date below Acknowledging you are 55+ yrs old, have read the Granada Lakes Rules & Regulations and authorize association to conduct any nessessary investigation to verify the information as part of the screening process. Form must be returned to GLCA complete with a **Copy of Driver's License or Government issued ID.**

Occupant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Application Received by: _____ BOD Member Signature: _____ Date: _____

Proof of Age Received: YES NO

Fee of \$50.00 Received: _____