



Before submitting your Lease/Sales Application for processing you **MUST** have the following attached:

- Completed Application – **EVERYTHING** must be filled out in order to process.
- Application Fee – check made payable to **Falling Waters II.**  
*(applications will not be processed without the fee)*
- References (if applicable)
- Sales or Lease Contract (signed copy)
- Other (all required documents are listed on page one of lease/purchase application)

**Please do not submit partial packages.** Applications are not considered received until all documentation is submitted. Incomplete applications will be reviewed and sent back.

Applications **must be submitted 20 days prior to Lease Occupancy or Sales Closing,** whichever is applicable. Any application(s) submitted less than 20 days prior to the lease start date or closing, may have their start date/closing delayed.

**Please submit the Complete Application to:  
Sentry Management 4851 Tamiami Trail N., Suite 400, Naples, FL 34103.**

If you have any questions, please feel free to contact us at 239-593-1233. You may drop off your application at the Sentry Management Office Monday – Friday 8:30 am to 5:00 pm.

**We cannot accept faxed or emailed applications. Incomplete applications will not be processed.**



Applicant's Signature	Co-Applicant's Signature	Date
Owner's Signature	734-751-7615 . Phone#	eglovak1@aol.com . Email
N/A . Realtor Signature	N/A . Phone	N/A . Email
		Date

**This form needs to be signed and submitted with complete application package**

# FALLING WATERS BEACH RESORT

## LEASE APPLICATION

Must be submitted 20 days prior to Leasing

Return to: **Falling Waters Beach Resort**  
C/O Sentry Management.  
4851 Tamiami Trail N., #400, Naples, FL 34103  
Tel. 239-593-1233 Fax: 239-593-1116

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

Name of Current Owner: ED GLOVAK Phone #: 734-751-7615

[ ] I (we) hereby apply for approval to Lease: 6670 Beach Resort Drive #4, Naples, FL 34114  
Agent N/A Phone: N/A  
Email: N/A Start/End date: \_\_\_\_\_

In accordance with the governing documents of the Association, **this application must be submitted along with required enclosures and \$100.00 application fee, twenty (20) days prior to leasing to allow for processing time. Applicants may not take tenure until the Association has tendered official approval of their lease, and further, that moving in prematurely constitutes grounds for disapproval.**

**Please submit the following: (Incomplete Applications will be returned)**

- a. A signed copy of the Lease contract
- b. A non-refundable check for \$100.00 payable to Falling Waters II.
- c. Two reference letters must be attached.
- d. Number of applicants must match Lease contract.
- e. A completely filled out application form. (Partially completed forms will not be considered)

*Separate applications must be completed for co-applicants (excludes married couples).*

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

TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

**Full Name of Applicant:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

**Full Name of Spouse:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_

**Current Home address:**

Street number / name

City

State, Zip code

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Current employer:** \_\_\_\_\_ Position Held: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Tel. Number \_\_\_\_\_

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.**

**Vehicle Information:**

Make of Car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

Second car: \_\_\_\_\_ Year: \_\_\_\_\_ License No. \_\_\_\_\_ State: \_\_\_\_\_

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 above.

NAMES	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____

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

In case of emergency notify \_\_\_\_\_ Tel# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

**I have received, read and agree to abide by the Rules and Regulations of Association.**

Lessee(s): I (we) understand I will be required to submit a completely filled out lease application, with references, and a nonrefundable check for \$100.00 to FALLING WATERS BEACH RESORT Twenty (20) days prior to the rental taking place.

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 Lessee(s) understands that the Association or its manager may use the above application to perform a background, prior landlord, credit and police records 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 of Directors approval is prohibited.

The Lessee(s) will be advised by the Association's Management whether this application has been approved.

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

**Applicant signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

**Acceptance on behalf of Association**

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Authorized Representative  
For the Board of Directors*

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