

Del Webb Naples Community Association, Inc. and Mayflower Section I & II Condominium Association

6010 Del Webb Way, Ave Maria, FL 34142-9727

(239) 455-2001 Fax# (239) 455-2014

Application for Approval of Leasing Transfer

NOTE: Please submit this form, at least twenty (20) days prior to leasing to allow for processing time. Approval must be received prior to lease start date.

Member/Owner of Record: _____

Prop Address: _____

Tenant(s): _____

Lease Period: _____ / _____ / _____ To _____ / _____ / _____

THE UNDERSIGNED HEREBY MAKE APPLICATION FOR LEASING IN DEL WEB NAPLES COMMUNITY ASSOCIATION INC., AND/OR MAYFLOWER SECTION I CONDOMINIUM ASSOCIATION INC., IN ACCORDANCE WITH THE DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS, THE TENANT(S) REPRESENT THAT THE FOLLOWING INFORMATION IS TRUE AND CORRECT AND CONSENT TO FURTHER INVESTIGATION CONCERNING THIS INFORMATION OR ANY INFORMATION WHICH COMES FROM THAT INQUIRY WHICH IS NECESSARY FOR APPROVAL OF THIS REQUEST.

Persons/organization leasing unit (If Trust/Corp/other, the designated person/officer must also be noted):

Name _____ DOB _____

Name _____ DOB _____

Other occupants residing in the unit:

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Name _____ DOB _____ Relationship _____

Note: Occupancy restricted to 1 family, no more than two (2) persons per bedroom, including children.

Tenant(s) must complete the following for all correspondence dealing with this Association:

Address: Street: _____ City _____ State _____ Zip _____

Phones: Home: _____ Business: _____ Cell: _____

E-mail: _____

Emergency Contact: Name _____ Phone#: _____

Address: Street _____ City _____ State _____ Zip _____

VEHICLES:

#1: Make _____ Model _____ Color _____ Yr _____ Tag# _____ State _____

#2: Make _____ Model _____ Color _____ Yr _____ Tag# _____ State _____

ONLY 2 VEHICLES PERMITTED TO BE PARKED ON A PERMENANT BASES. AGREE _____ Tenant Initials _____

PETS: Pit Bulls, "wolf hybrids" or other dogs prone to or exhibiting aggressive behavior **may not be kept.** See "Use Restrictions", Article XIV Section 4 in governing documents. If no pets, please write "none".

#1. Type _____ Name _____ Pet License# _____ St _____ Date _____

Breed _____ Weight _____ Rabies Vaccination Date _____

#2. Type _____ Name _____ Pet License# _____ St _____ Date _____

Breed _____ Weight _____ Rabies Vaccination Date _____

I/WE AM/ARE AWARE AND AGREE TO ABIDE BY THE AMENDED AND RESTATED DECLARATION OF COVENANTS, CONDITIONS & RESTRICTIONS OF DEL WEBB NAPLES COMMUNITY ASSOCIATION, INC. AND/OR MAYFLOWER SECTION I CONDOMINIUM ASSOCIATION INC., THE AMENDED AND RESTATED ARTICLES OF INCORPORATION, THE AMENDED AND RESTATED BYLAWS, AND ANY RULES AND REGULATIONS. YOUR SIGNATURE WILL ACKNOWLEDGE YOUR AGREEMENT TO COMPLY WITH ALL GOVERNING DOCUMENTS INCLUDING THE RULES AND REGULATIONS AS WRITTEN.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF APPLICANT _____ DATE _____

Name of Real Estate Agent & Agency (if applicable): _____

Address: _____ Phone: _____

Email: _____

This application has been designed for the purpose of protecting you and the current property owners. It is the desire of the present members of the Association to welcome you to an environment in which adherence to all Rules and Regulations will ensure an ideal private and community life.

The following items MUST be included at the time the application is submitted. Items not submitted will cause delays in processing.

- _____ \$100 Non-refundable Transfer of Membership made payable to Del Webb Naples
- _____ \$50 Non-refundable Transfer of Membership made payable to Mayflower Section I (where applicable)
- _____ Fully Completed Application for Approval of Leasing Transfer
- _____ Copy of Executed Lease with Signatures and Age Verification (current copy of Driver's License)

Return ALL above items to: Del Webb Naples Community Association Inc.
6010 Del Webb Way
Ave Maria, FL 34142-9727

GOLF TRANSFER TO TENANTS: Resident Golf Members / Lease to Tenant provisions:

Homeowner- If you as a full golf member rent your home i.e. have completed the proper application with approval and rights have been transferred upon payable \$100 transfer fee, the following use access privileges are applicable for your approved tenant. Homeowner membership privileges are suspended through the duration of the lease to your tenant.

Tenants shall receive the following during their respective lease agreement.

Reduce rates off our posted public rate schedule based on seasonality and your guests pay posted public rate. Only club sponsored events. Complimentary access to driving range. Please contact Damian Rose, General Manager for additional information. 239-304-2835 ext. 3400.

Action of Board of Directors

APPROVED _____ / _____ DISAPPROVED _____ / _____

BY: _____ OR _____ DATE _____
Mayflower Section I Association Director Manager for the Association

BY: _____ OR _____ DATE _____
Del Webb Naples Association Director Manager for the Association

TENANT LEASE PERIOD: / / TO / /
FOR OFFICE USE ONLY

DEL WEBB NAPLES OCCUPANT AGE VERIFICATION FORM FOR CENSUS

Name(s) and age(s) of occupant(s) if more than one, referred to herein as "Occupant":

_____ Print Name	_____ Age	_____ Print Name	_____ Age
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_____ Print Name	_____ Age	_____ Print Name	_____ Age
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Lot Address: _____ ("Property")

Attached is a copy of Article XIV, Section 30 of the Declaration of Covenants, Conditions and Restrictions for Del Webb Naples ("CC & R's). A "Grandfathered Person" is one who owned a home as of November 4, 2010. A "Grandfathered Person" and the subsequent buyer of the home is exempt from the "55 and over" requirement set forth below. However, we are obligated by law to conduct this census and obtain age verification from all occupants in Del Webb Naples. As reflected below, the 55 and over requirement only relates to occupancy, not ownership of a home.

DEL WEBB NAPLES IS INTENDED TO BE OPERATED FOR OCCUPANCY BY PERSONS FIFTY-FIVE (55) YEARS OF AGE OR OLDER. DEL WEBB NAPLES COMMUNITY ASSOCIATION, INC. IS OBTAINING THIS OCCUPANT AGE VERIFICATION IN ACCORDANCE WITH THE HOUSING FOR OLDER PERSONS ACT AND THE REQUIREMENTS OF THE DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS FOR DEL WEBB NAPLES.

At least one (1) Occupant listed above who is fifty-five (55) years of age or older: (i) acknowledges receipt of the CC & R's and (ii) unless such Occupant is a "Grandfathered Person" or the subsequent owner of the home, agrees to abide by the CC & R's; and (iii) Occupant acknowledges that unless the Occupant is a "Grandfathered Person" or the subsequent owner of the home when the Property is occupied, it must be occupied by at least one (1) person fifty-five (55) years of age or older.

Check the applicable box below:

- ☐ At least one (1) Occupant listed above is fifty-five (55) years of age or older and currently occupies the Property.
- ☐ At least one (1) Occupant listed above is fifty-five (55) years of age or older does not currently occupy the property, but has resided on the property during the past year and intends to return to the property on a periodic basis.

The person(s) who sign(s) below must be fifty-five (55) years of age or older.

Occupant's Signature

Date

Occupant's Signature

Date