



CONTACT INFORMATION

Eric Valle, LCAM
Key Royal Villas
8204 Key Royal Circle
Naples, FL 34119

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Office Hours

9:00 am – 12:00 pm & 1:00 pm – 5:00 pm Monday – Friday

CLOSED Weekends and Holidays



KEY ROYAL DOCUMENTS NEEDED TO PROCESS LEASE

Application for Rental (one for EACH adult resident in unit)
Limit two person per bedroom.

Lease Addendum (signed by Landlords and tenant(s)).

Copy of Lease Agreement (not provided) signed by Landlords and tenant(s).

NON REFUNDABLE check for \$150 for each single adult (18 or older).
If married \$150 per couple. Check made payable to Key Royal
Condominium Inc.

IF tenant has NO Social Security number they are required to pay the
cost of a background check from the country they originate from and
provide a U.S. issued VISA in order to do a background check.

NO PETS are allowed for tenants or their guests.

Note: Check in at office is needed prior to moving in is required. All
adults must attend. Bring vehicle(s) with them as well as their car
registration and copy of driver license to issue parking decals.

During check in a list of rules and regulations will be covered and
tenant(s) will need to sign.



Key Royal Condominium Association, Inc.
Approved Lease Addendum

Addendum to Lease dated _____ between _____
"Tenant" and _____, "Landlord" for Unit # _____, Which Address is:

Association Documents: Tenant hereby agrees to be bound by all of the terms and conditions contained in the Declaration of Key Royal Condominium Association, Inc. ("Association") By-Laws and the Rules and Regulations of Key Royal all of which are acknowledged by the Tenant and the Landlord to apply to the demise premises (the Unit) for the term of the lease, and Tenant agree to assume all duties and responsibilities and be jointly and severally liable with the Landlord for all liabilities and responsibilities and for the performance of all obligations applicable to Unit Owners under the Governing Documents, the failure of Tenant to abide by the terms and conditions of the Governing Documents shall be a default under this Lease. However, Landlord, in all events, shall retain the right to exercise any voting rights associated with the Unit.

TENANT HEREBY ACKNOWLEDGE RECEIPT OF THE SAID GOVERNING DOCUMENTS. A TRUE AND CORRECT COPY OF THE GOVERNING DOCUMENTS IS ALSO AVAILABLE FOR INSPECTION FROM THE ASSOCIATION.

Delegation of Power to the Board of the Association: The Landlord hereby delegates to the Board of Directors of the Association ("Board") the non-exclusive power under this Lease and under law with respect to the remedies for breach of this Lease to exercise any such remedies upon the default by Tenant or Landlord in the payment of any charges or assessments levied by the Association against the Unit pursuant to the Governing Documents. The pursuit of any such remedies by the Landlord against the Tenant shall not preclude the Board from pursuing any such remedies against the Tenant.

Owner's Association Charges and Assessments:

(a) In the event Landlord shall fail to pay any fee, fine, charge or Assessment, including costs of collection and attorney's fees levied by the Board against Landlord or the Unit, pursuant to the Governing Documents, and such failure to pay continues for sixty (60) days, the Board may notify Tenant in writing of the amount(s) due and within fifteen (15) days after the date of such notice Tenant shall pay to the Association the amount of such unpaid charges or assessments paid to the Association by Tenant after the nonpayment by Landlord shall be credited against and shall offset the next monthly rental installment or installments due to Landlord following the payment by the Tenant of such charges or Assessments to the Association.

(b) In no event shall Tenant be responsible to pay the Association for any amount of unpaid charges or Assessments during any one month an amount in excess of one monthly installment of rent, but Tenant shall continue to pay the Association an amount from month-to-month not in excess of the next due to the Landlord for that month until the entire amount due from the Landlord is recorded.



UNIT OWNER LEASE APPLICATION PACKAGE

1. All unit owners must pick up and complete a lease application for any renters.
2. The Association must review and approve all lease applications prior to renter moving in. A personal interview with the Board is required.
3. An application fee of ~~\$100~~ must be submitted with the application at least 20 days prior to the move in date of the renter. **\$150**
4. A copy of the signed lease and Lease Addendum must be included with the application.
5. The following are guidelines for application approval:
 - a. All assessments must be current at the time the application is considered.
 - b. The owner must have a good history with past renters for their unit.
 - c. The real estate company or rental agent handling the leasing transaction on behalf of the unit owner must have a good history of screening lessee applications and following the application procedures of the Association.
 - d. The application must not show information that the person seeking approval will conduct himself in a manner inconsistent with the covenants and restrictions applicable to the Condominium.
 - e. The applicant must not have any previous felony convictions involving violence to persons or property, a felony involving sale or possession of a controlled substance or a felony demonstrating dishonesty or moral turpitude.
 - f. The applicant must show evidence of financial responsibility.
 - g. The applicant's residency history must show that during the previous occupancy in this Condominium or elsewhere, has not evidenced an attitude of disregard for the Association rules.
 - h. If the applicant provides false or incomplete information to the Board as part of the application procedure or the required fees are not paid, the application may be rejected.
6. **In the event the applicant / tenant has a difference of opinion or complaint regarding the Key Royal Condominium Rules and Regulations, the applicant / tenant, are to inform the owner of the unit.**

The reason for the Association to review and approve applications is to help ensure that all renters will abide by the rules and regulations and help ensure that all residents may peaceably enjoy their unit.

Applications may be given or mailed to the on-site office at 8204 Key Royal Circle, Naples, FL 34119. Please feel free to call the Management Office at 239-304-3266 if you have any questions.

PLEASE BE AWARE THAT RENTERS ARE NOT ALLOWED TO HAVE PETS AS PER THE CONDOMINIUM DOCUMENTS.

Approved Lease Addendum
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Assignment and Subletting Prohibited. Tenant agrees not to assign this Lease or sublet the Unit, and it is hereby agreed and provided that any lawful levy, sale or execution, or other legal process, and any assignment or transfer in bankruptcy by, against or on behalf of a Tenant shall be deemed and taken to be a prohibited assignment within the meaning of this Lease.

Lease Subject to Approval. This Lease between Landlord and Tenant, and any renewal hereof wherein any term or condition of the lease is modified or changed, shall be subject to the prior written approval of the Board which approval shall not be unreasonably withheld. The Board shall either grant or deny its approval within twenty (20) business days after submission to the Board of this Lease and Addendum fully completed and signed by the Owner and Tenant. Such approval shall be indicated on this Lease by the signature of at least one officer of the Owners' Association or a duly authorized agent of the board. Without such prior approval, this Lease or any renewal of the term hereof shall be null and void as between Lessor and Lessee.

Amendments, Modifications and Control. This Lease and Lease Addendum may only be changed, extended, modified, amended, or reformed by an instrument in writing duly executed by Landlord and Tenant and approved by a duly authorized officer of the Association or member or duly authorized agent of the Board in writing in the same manner as for the first approval of a lease. The terms, conditions, provisions, rules, covenants and restrictions stated in the Governing Documents shall control over the contradictory provisions, if any, of the Lease and/or Lease Addendum; and any such contradiction shall be void as between the Association and the Landlord and Tenant.

TENANTS AND UNIT OWNERS UNDERSTAND AND ACKNOWLEDGE THAT ANY LEASE FOR A UNIT AT KEY ROYAL CONDOMINIUM ASSOCIATION MUST RECEIVE THE WRITTEN APPROVAL OF THE BOARD OF THE ASSOCIATION, OR AGENT THEREOF, AND WITHOUT SUCH WRITTEN APPROVAL THE OCCUPANCY OF SUCH A UNIT BY ANYONE OTHER THAN THE OWNER IS IN VIOLATION OF THE GOVERNING DOCUMENTS OF KEY ROYAL CONDOMINIUM ASSOCIATION.

UNIT OWNERS SIGNATURE: _____ DATE: _____
TENANT'S SIGNATURE: _____ DATE: _____
TENANT'S SIGNATURE: _____ DATE: _____

LEASE AND ADDENDUM FORM APPROVED FOR THE BOARD OF KEY ROYAL CONDOMINIUM ASSOCIATION, INC.:

BY: _____ (sign)
_____ (print)

DATE: _____



Application for Rental

Please have each resident submit a separate application

Date Completed _____

Leasing Agent _____

ADDRESS OF APARTMENT _____

Key Royal Circle or Key Royal Lane (Circle one)

APT # _____

MOVE-IN DATE _____

APARTMENT TYPE: 2X1D 2X2 2X2L 3X2

LEASE AMOUNT _____

LEASE TYPE _____

Please Tell Us About Yourself

NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE & STATE	
NAME OF APPLICANT		DATE OF BIRTH	SOCIAL SECURITY #		DRIVER'S LICENSE & STATE	
NAME OF CHILD	DATE OF BIRTH	NAME OF CHILD	DATE OF BIRTH	NAME OF CHILD	DATE OF BIRTH	
LIST ALL OTHER PERSONS TO OCCUPY APARTMENT ROOMMATE(S) CHILDREN				EMAIL ADDRESS		
APPLICANT'S PRESENT ADDRESS			CITY	STATE	ZIP	TELEPHONE #
PRESENT ADDRESS IS: <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENT'S HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING			MONTHLY PAYMENT		HOW LONG	
IF RENTING, GIVE PRESENT LANDLORD OR APARTMENT COMMUNITY			IF OWN, GIVE NAME OF BANK OR MORTGAGE COMPANY			
ADDRESS OF PRESENT LANDLORD / APARTMENT COMMUNITY / BANK / MORTGAGE COMPANY			CITY	STATE	ZIP	TELEPHONE #
PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)			CITY	STATE	ZIP	TELEPHONE #
PREVIOUS ADDRESS WAS <input type="checkbox"/> OWN HOME <input type="checkbox"/> PARENT'S HOME <input type="checkbox"/> RENTED HOME <input type="checkbox"/> RENTED APARTMENT <input type="checkbox"/> STUDENT HOUSING			MONTHLY PAYMENT		HOW LONG	
TYPE/MAKE OF CAR	MODEL	COLOR	YEAR	LICENSE	STATE	COMMERCIAL YES <input type="checkbox"/> NO <input type="checkbox"/>
TYPE/MAKE OF CAR	MODEL	COLOR	YEAR	LICENSE	STATE	COMMERCIAL YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME OF NEAREST RELATIVE		ADDRESS				TELEPHONE #
NAME OF PERSONAL REFERENCE		ADDRESS				TELEPHONE #

Please Tell Us About Your Job

NAME OF APPLICANT'S EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #
FORMER EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #
NAME OF SPOUSE'S EMPLOYER		TYPE OF WORK		SUPERVISOR		HOW LONG?	
SPOUSE'S ADDRESS		CITY	STATE	ZIP	MONTHLY INCOME		TELEPHONE #
OTHER SOURCES OF INCOME		AMOUNT		WHEN RECEIVED			

Please Give Us The Following Information

WHY ARE YOU LEAVING YOUR PRESENT RESIDENCE? _____

HAVE YOU PREVIOUSLY BEEN CONVICTED OF ANY CRIMINAL OFFENSE? YES NO IF YES, GIVE DETAILS AND DATES _____

ANY LITIGATION, SUCH AS EVICTIONS, SUITS, JUDGMENTS, BANKRUPTCIES, FORECLOSURES, ETC? YES NO IF YES, GIVE DETAILS AND DATES _____

IN CASE OF EMERGENCY, NOTIFY _____

STREET ADDRESS			CITY	STATE	ZIP	TELEPHONE #
						RELATIONSHIP

Please Read Carefully and Sign Below

Correct Information — Applicant represents that all of the above statements and representations are true and complete. Within five (5) business days, Applicant must submit all requested documentation in order to approve the Lease Application. Applicant hereby authorizes verification of above information, references and credit records, and applicant releases from all liability or responsibility all persons and corporations requesting or supplying such information. Applicant acknowledges that false, misleading or misrepresented information may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposits, and may constitute a criminal offense under the laws of this State. Applicant agrees to the terms of the "Apartment Reservation Deposit/Application Agreement" below.

Amount Due with Application: \$ 100.00

I have read and agree to the provisions as stated.

Applicant's Signature _____

Spouse's Signature _____

Guarantor's Signature _____

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to this landlord, AccuData Inc, or any party or agency contacted by this landlord to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata client information only)

Company Name: Key Royal Condominium

Contact Name: Eric Valle

Tel#: 239-304-3266 **E-mail:** KeyRoyal@Presidiocondo.com

Type of Screening Requested

Package: 2 **Other Services:** A B C D E F G H I J

RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

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