

Date Stamp



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## Lely Civic Lease Checklist

Dear Prospective Tenants:

Please submit the following for approval to lease in Lely Civic:

- Signed Application checklist
- Completed Application
- \$100 Non-refundable Application Fee-Payable to Lely Civic Association
- Copy of State or Government Issued Photo ID
- Executed Contract

A PERSONAL INTERVIEW WITH THE BOARD OF DIRECTORS IS REQUIRED PRIOR TO APPROVAL

Address: \_\_\_\_\_

Missing or incomplete information will result in the delay of processing your application. A complete application package **MUST** be received 20 days prior to lease start date.

Applicant's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

If you have any questions please contact Anchor Associates at 239-649-6357 or [applications@anchormanagers.com](mailto:applications@anchormanagers.com).

Thank You,  
Anchor Managers

2340 Stanford Ct • Naples, Florida 34112  
(239) 649-6357 office» (239) 649-7495 *fax*

Date Stamp

**Lely Civic Association, Inc.**  
**Application for Approval to Lease**

Street Address: \_\_\_\_\_ Lease Date: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION

<b>APPLICANT INFORMATION</b>		
Last Name	First	Middle
Home Address	Apartment/Unit#	
City	State	ZIP
Phone#	Cell#	Other Phone#
Email Address		
Employer	Employer's Phone#	

<b>APPLICANT INFORMATION</b>		
Last Name	First	Middle
Home Address	Apartment/Unit#	
City	State	ZIP
Phone#	Cell#	Other Phone#
Email Address		
Employer	Employer's Phone#	

**Occupants: Please list the name, relationship and date of birth of all occupants not listed above who will be living in this unit.**

Full Name	Relationship	Date of Birth

**REFERENCES**

**Please list two personal references.**

Full Name		
Relationship	Phone ( )	
Full Name		
Relationship	Phone ( )	

<b>Current or Most Recent Landlord</b>	
Please list most recent landlord.	
Landlord	Phone ( )
Address	How Long

**VEHICLES**

<b>Commercial Vehicles are not allowed on the lot</b>				Please Initial:	
Year	Make	Model	License Plate #	State	
Year	Make	Model	License Plate #	State	

<b>DISCLAIMER AND SIGNATURE</b>	
In order to facilitate consideration of this application, <b>I/we</b> , the applicant(s), represent that the above information is correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. <b>I/we have received, read and understand the Rules and Regulations of Lely Civic and will comply.</b>	
Signature	Date
Signature	Date

**Note:** There is a minimum rental period of 6 months.

Return this request to:  
 Lely Civic Association, Inc  
 C/o Anchor Associates, Inc.  
 2340 Stanford Ct.  
 Naples, Florida 34112  
 (239)649-6357phone (239)649-7495/fax  
[applications@anchormanagers.com](mailto:applications@anchormanagers.com)



<b>Application Approval:</b>
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\_\_\_\_\_ Approved

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

\_\_\_\_\_ Disapproved

BY: \_\_\_\_\_

*Board Office or Director*