

CHESAPEAKE MANOR  
c/o Resort Management  
2685 Horseshoe Drive S, Suite 215  
Naples, Florida 34104

APPLICATION FOR MEMBERSHIP – CONDOMINIUM LEASE \_\_\_\_\_

I hereby apply for residency at Chesapeake Manor, Inc., and represent that all of the statements and information in this document are true and complete and authorize verification of the provided information, references and credit records. I consent to additional inquiries, if necessary, concerning me and/or my family.

Full name: \_\_\_\_\_

Present address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Additional phone no. \_\_\_\_\_

Date of birth: \_\_\_\_\_ email address \_\_\_\_\_

Driver's license no.: \_\_\_\_\_ State: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Own or rent: \_\_\_\_\_

If you are renting, please provide the name, address, and telephone number of your landlord:

\_\_\_\_\_

Present employer: \_\_\_\_\_ Address: \_\_\_\_\_

Employer phone no.: \_\_\_\_\_ Work phone no.: \_\_\_\_\_

**Co-Applicant / Spouse Information**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Driver's license no.: \_\_\_\_\_ State: \_\_\_\_\_

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

Employer phone no.: \_\_\_\_\_ Work phone no.: \_\_\_\_\_

**If different from above:**

Present address: \_\_\_\_\_

How long at present address: \_\_\_\_\_ Own or rent: \_\_\_\_\_

If you are renting, please provide the name, address and telephone number of your landlord:

\_\_\_\_\_

Who other than the applicant and/or co-applicant/spouse will be occupying this unit at Chesapeake Manor?

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**Automobile Information**

Make/Model/Color \_\_\_\_\_ Plate no.: \_\_\_\_\_

Would parking for an additional car be necessary at Chesapeake Manor?

If yes, Make/Model/Color: \_\_\_\_\_ Plate no.: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Financial References (2)**

Name/Address of Financial Institution: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name/Address of Financial Institution: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Character References (2)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Other**

Are you a citizen of the United States Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what country: \_\_\_\_\_

If approved, this application is good for the period of one year pending the following:

By signing this document I/we understand that any false, misleading or misrepresented information may result in the revocation of the application approval and the Board of Chesapeake Manor, Inc. can will seek any recourse necessary to evict or remove the applicant(s) from the premises. I/we also agree to abide by the Declaration of Condominium and the By-Laws of Chesapeake Manor, Inc., as recorded; Collier County OR 297 pages 538-602.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED WITH THIS APPLICATION FOR APPROVAL:**

- \$150.00 processing fee, non-refundable, payable to Chesapeake Manor (\$75.00 to Resort Management & \$75.00 to Chesapeake Manor)
- A copy of your current motor vehicle driver’s license
- Completed background form
- Copy of lease agreement

**ADDITIONAL SIGNATURE REQUIRED**

I have received, read and understand the HOUSE REGULATIONS and agree to abide by these guidelines:

Applicant(s): \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: PETS ARE NOT PERMITTED, AT ANY TIME, AT CHESAPEAKE MANOR.**

**APPROVAL**

**RESIDENCY APPLICATION – RENTAL**

**UNIT # \_\_\_\_\_**

This is to certify that the Board of Directors of the Chesapeake Manor Condominium Association has approved the rental application of \_\_\_\_\_ for Unit # \_\_\_\_\_ for occupancy from \_\_\_\_\_ to \_\_\_\_\_

So approved,

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Board Member Dated

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Board Member Dated

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Board Member Dated

A minimum of two (2) signatures is required for approval

**Please Submit Application and Supporting Documents to:**

Resort Management  
Attn: Lisa Winebrenner  
2685 Horseshoe Drive S, Suite 215  
Naples, FL 34104

Email: [lwinebrenner@resortgroupinc.com](mailto:lwinebrenner@resortgroupinc.com)  
Ph: (239) 649-5526