

## Windstar Master Homeowners' Association, Inc

C/O: Ability Management Services 6736 Loan Oak Boulevard, Naples, FL 34109 Phone 239-591-4200 / Fax: 239-596-1919

## **Application for Approval to Lease**

Please submit application at least 20 days prior to start date

## **SUBMIT THE FOLLOWING W/ APPLICATION:**

- Copy of LEASE Agreement
- A Non-Refundable Application Processing Fee of \$145 PAYABLE to WINDSTAR MASTER ASSN (US check or US money order ONLY)
- Copy of Neighborhood Application and their approval

PLEASE PRINT  Neighborhood Association Name		
Property Address		
LEASE DATES:		
Property Owner Name		
Owner Ph #		
Windstar Unit Phone #:		
TENANT'S Name:		
TENANT'S Current Address		
City/State/Zip		
Ph #	Alt Ph #	
Email		
*Are you an active service member as define	ed by Florida Statute	250.01(21)? Yes No
Agent Name & Agency:		
Agent Ph #	Email	
PLEASE NOTE: The processing cost of \$145 Operations, access into Windstar and remo abide by the rules & regulations and bylaws of Association.	ote gate opener. Ter	nant has received, understands and will
Tenant Signature:		Date
Owner Signature:	*******	Date
Action taken by Master Board of Directors:	APPROVED	DISAPPROVED
Authorized Agent Signature:		Date