

**THE COLONY @ WIGGINS BAY CONDOMINIUM ASSOCIATION  
670 WIGGINS BAY DR, NAPLES, FL 34110**

**RENTAL APPLICATION**

UNIT ADDRESS: \_\_\_\_\_ UNIT OWNER: \_\_\_\_\_

Lease Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

I(WE) hereby apply for approval to rent the above unit in The Colony At Wiggins Bay.

Applicants Name(s): \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Date of Birth and/or SS #: \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Auto(s)-Make, Model and License# \_\_\_\_\_

Previous Rentals in SW FL-Name of Complex, Landlord Name, Address and phone#;  
Or Name Address and Telephone # of two (2) Character References.

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Bank References- Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Please return this application along with a copy of the lease agreement and a \$150 check for a processing fee made to: The Colony At Wiggins Bay. The check should be mailed to the above address a minimum of 30 days prior to lease begin date.

I (we) have read and agree to abide by the Declaration of Condominium, Articles of Incorporation, By-Laws of the Association, and the attached Rules & Regulations.

**IF YOU, FAMILY, OR A FREQUENT GUEST IS A SMOKER, PLEASE TAKE NOTICE OF ITEM #1  
IN RULES AND REGULATIONS**

APPLICANTS SIGNATURE(S) \_\_\_\_\_ DATE \_\_\_\_\_

BOARD APPROVAL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

*For UPS, Fed Ex, etc. or for items that require a signature Please Contact any Board Member*