Treviso Bay

Transfer/Rental Application
Packet Checklist

Please have the flowing forms available when turning in Transfer/Rental Application

- Executed Membership Transfer/Rental Registration Form
- Executed copy of Lease Agreement
- Copy of Valid Driver's Licenses, Passport, or other Government Issued ID
- Copy of Background
- All Fees:
    - Processing Fee: Payable to Icon Management Services
        - $50.00 per single applicant/married couple
    - Transfer Fee:
        - $100.00 Non-Refundable Transfer Fee payable to Treviso Bay Golf Club, Inc.
        - $150.00 Non-Refundable Transfer Fee payable to Treviso Bay Property Owners Master Association, Inc.

Homeowner Name: _____

Applicant Name: _____

Treviso Bay Address: _____

Applicant Phone Number: _____

Rental Period: _____to _____

Please send Application with all necessary fees and paperwork to:

Icon Management Services- Application Department
9323 Treviso Bay Blvd.
Naples, FL 34113

Jessica Martin LCAM
239-331-3391

To be completed by Management:
RAMCO: _____ ML: _____ RL: _____ CC: _____

Membership Transfer/Rental Registration Form

*This Form has to be submitted to the Icon Management Office at least 15 days prior to Rental/Transfer
(Failure to comply with this is a violation of the Declaration of Covenants, Conditions & Restrictions for the Treviso Bay Community)

Unit Owner Information:

Name of Owner/Member: _____ Member Number: _____
Treviso Bay Address: _____
Home Phone: _____ Who to contact while the unit is rented: _____
If using an agency, Name, Contact Person and Phone: _____
_____

Rental Period:
Start Date: _____ End Date: _____

Are you transferring your membership to the renter(s)? Y or N

Owner certifies that he/she has provided the tenants with the following:

- Copies of all Rules & Regulations (specifically overnight parking on street, parking on grass, commercial vehicles, and pets)
- Key contact numbers for community (Management Company)
- Trash pick-up Schedule
- Gate Access card(s)

I hereby understand that when I transfer my membership privileges, I will no longer be able to exercise those privileges during that time. It is my intent to transfer my unit's privileges to the transferee below.
Signature of Owner/Member: _____

Transferee (Renter) Information:
Name of Transferee/Renter/and Family: _____
_____
Cell Phone: _____ Email Address: _____

I understand that I have all the privileges of the member during the time the membership is transferred to me and I accept all the Rules and Regulations that come with those privileges.

Signature of Transferee/Renter: _____

Email to: jmartin@theiconteam.com
Icon Management Services
9323 Treviso Bay Blvd.
Naples, FL 34113