

SABAL POINTE TOWNHOMES PROPERTY OWNERS ASSOCIATION

Application for Proposed Lessee

NOTE: This application will not be considered unless filled in completely and submitted to SABAL POINTE TOWNHOMES PROPERTY OWNERS ASSOCIATION at least two weeks prior to occupancy. ***This application shall be signed by all parties to the lease*** or it will be returned without approval given. A person is not a legal lessee until this procedure is complete and approval is given. If proposed tenant(s) moves in prior to approval, the application may be rejected and the tenant may be required to vacate the premises.

REQUIREMENTS:

- **Completed Application, Copy of Driver’s License, Signed Lease, and a \$100 non-refundable check, per adult applicant over the age of 18, made payable to Avid Property Management, 2906 Busch Lake Blvd, Tampa, FL 33614**
 - **A \$50 Rush Fee will be applied if approval is needed prior to the 7 business days allotted for normal processing.**
- Name of Lessee: _____, Phone: _____
- Name of Owner: _____, Phone: _____
- Property Address: _____

Application Date: _____ Lease Period: _____ to _____
(Must be for period of at least one year, non-assignable except at the end of a one-year term)

Lessee Name: _____ SSN: _____ Driver’s Lic#: _____
 Birthdate _____
 Spouse: _____ SSN: _____ Driver’s Lic#: _____
 Birthdate _____
 Current Address: _____ How long? _____
 Previous Address: _____ How long? _____
 City/State/Zip: _____

Landlord/Mortgage Holder Name on Previous Address: _____
Address: _____ Phone # _____

Vehicle Make: _____ Model: _____ Year _____ Tag# _____ State _____
 Vehicle Make: _____ Model: _____ Year _____ Tag# _____ State _____

*****No Commercial trucks or vehicles, RV’s, boats or trailers*** (Please see Declaration of Covenants for specifics).**

Pet: Dog/Cat Breed: _____ Other: (Specify Type) _____ Weight: _____ lbs. Age: _____

Name of Permanent Occupants Not Listed Above:
 1. _____ Age: _____ SSN: _____
 2. _____ Age: _____ SSN: _____

Current Employer: _____ How Long? _____
 Address: _____ Phone #: _____
 Spouse Employer: _____ How Long? _____
 Address: _____ Phone #: _____

In Case of Emergency, please contact:
 Name: _____ Phone #: _____
 Name: _____ Phone #: _____

Your signature authorizes Management to secure credit and other public information and acknowledges receipt of the Rules & Regulations. Any violation may be cause for legal action.

Applicant’s Signature Date

Property Owner’s Signature Date

Signature of Lessee(s) acknowledges that you have read, understand, and will abide by the Supplemental Declaration of Covenants, Conditions, Restrictions and Easements, and the “RULES & REGULATIONS” and the requirements regarding Additional Persons and Single Family residence.