

**SWANN LAKE OF PASCO**  
Application for Proposed Lessee

NOTE: This application will not be considered unless filled in completely and submitted to SWANN LAKE OF PASCO 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.