

**MAGNOLIA SQUARE
CONDOMINIUM ASSOCIATION, INC.
501 EAST BAY DRIVE
LARGO, FLORIDA 33770
(727) 581.8093**

APPLICATION FOR LEASE AGREEMENT
(PLEASE COMPLETE FULLY AND ACCURATELY)

To: Board of Directors

I (We) intend to lease Unit No. _____ For the period starting _____ and ending _____. In order to facilitate consideration of my (our) Application for the lease of the above-designated unit in Magnolia Square Condominium, I (We) represent that the following information is factual and true. I (We) are aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I (We) consent that you may make further inquiry concerning this Application, particularly of the references given below. I (We) am (are) also aware that I (We) **MUST MEET WITH THE INTERVIEW COMMITTEE PRIOR TO APPROVAL BY THE BOARD OF DIRECTORS Interview Fee Is \$100.00 Per Person Eighteen Years or Older.**

I (We) will be bound by the Declaration Condominium, Bylaws, Articles of Incorporation and the Rules and Regulations of the Condominium Association.

I (We) will not sublet the unit.

**A COPY OF THE LEASE, ADDENDUM TO LEASE AGREEMENT
AND RULES & REGULATIONS ARE ATTACHED**

NAME OF LESSEE _____ DATE OF BIRTH _____

NAME OF SPOUSE _____ DATE OF BIRTH _____

PRESENT HOME ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

PHONE () _____ CELL PHONE () _____

EMAIL _____

PRIOR HOME ADDRESS _____

CITY AND STATE _____ ZIP CODE _____

The rules and regulations of the ASSOCIATION provide an obligation of Unit Owners that condominium units are for single family residence. Please state the name and relationship of all other persons who will be occupying the unit regularly.

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

OCCUPATION OF LESSEE (even if retired) _____

OCCUPATION OF SPOUSE _____

MAKE OF CAR _____ YEAR _____ LICENSE NO. _____

MAKE OF CAR _____ YEAR _____ LICENSE NO. _____

APPLICANTS DRIVERS LICENSE NO. _____ SPOUSES DRIVERS LICENSE NO. _____

STATE _____

PET RESTRICTIONS – Pet Permission must be approved by the Board of Directors

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Governing Documents of the Association and Condominium provides cause for available immediate action as therein provided or termination of leasehold under appropriate circumstances. I (We) hereby authorize the Association to do a background check.

I (We) certify that I (We) have received, read and understand the Rules & Regulations of Magnolia Square Condominium and will abide by them..

DATED: this _____ day of _____

SIGNED: _____
Applicant

SIGNED: _____
Applicant