

MAGNOLIA SQUARE CONDOMINIUM ASSOCIATION, Inc.

501 EAST BAY DRIVE LARGO, FLORIDA 33770

APPLICATION FOR LEASE AGREEMENT

(PLEASE COMPLETE FULLY AND ACCURATELY)

I intend to lease Unit No. ____ For the period starting ___/___/___ and ending ___/___/___ . In order for you to facilitate consideration of my Application for the purchase of the above-designated unit in Magnolia Square Condominium, I represent that the following information is factual and true. I am aware that any falsification or misrepresentation of the facts in this Application will result in automatic rejection of this Application. I consent that you may make further inquiry concerning this Application. I am aware that I AM REQUIRED TO HAVE AN INTERVIEW PRIOR TO APPROVAL BY THE BOARD OF DIRECTORS.

Application Fee Is \$100.00

FULL NAME OF UNIT OWNER _____ Phone # _____

FULL NAME OF LESSEE _____ DATE OF BIRTH _____

_____ DATE OF BIRTH _____

CURRENT HOME ADDRESS _____

CITY AND STATE _____ ZIP _____

HOW LONG _____

PRIOR HOME ADDRESS _____

CITY AND STATE _____ ZIP _____

HOW LONG _____

PHONE (____) _____

(____) _____

EMAIL ADDRESS: _____

LEASING AGENT INFORMATION:

NAME _____ PHONE (____) _____

ADDRESS _____ ZIP _____

Email: _____

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 apartment unit regularly.

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

OCCUPATION OF LESSEES _____

NAMES AND ADDRESS OF EMPLOYERS

1. _____ How Long _____
2. _____ How Long _____

MAKE OF CAR _____ YEAR _____ LICENSE NO. _____
MAKE OF CAR _____ YEAR _____ LICENSE NO. _____

APPLICANTS DRIVERS LICENSE NO. _____ STATE _____
DRIVERS LICENSE NO. _____ STATE _____

PETS RESTRICTIONS -Pet Permission must be approved by the Board of Directors. 25lb. limit

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY;

NAME _____ PHONE (____) _____
ADDRESS _____ ZIP _____

MAILING ADDRESS FOR NOTICE OF ACCEPTANCE OR REJECTION OF THE APPLICATION;

NAME _____ PHONE (____) _____
ADDRESS _____ ZIP _____

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

I certify that I have received, read and understand the Rules & Regulations of Magnolia Square Condominium and will abide by them. I will be bound by the Declaration of Condominium, By-Laws, Articles of Incorporation and the Rules and Regulations of the Condominium Association,

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

Approved _____ Unapproved _____

DATED ____/____/20____

DATED ____/____/20____

Signed: _____
Applicant

Signed: _____
Board Member

Signed: _____
Applicant

Signed: _____
Board Member