

NOTICE OF INTENT TO LEASE

LANCASTER NEIGHBORHOOD ASSOCIATION, INC.

_____, 20____

DATE

UNIT NUMBER/ADDRESS _____

PROPERTY OWNER NAME _____

This Notice of Intent to Lease must be returned to the Association's Management Office located at 16402 Tampa Palms Blvd, Tampa, FL 33647. If uncertain, please contact the manager of the property at 813-979-9595.

- Leases of fewer than 3 months are prohibited.
- Use of home is limited to single-family residency.
- Occupation of the unit will be limited to Lessee and his/her immediate family listed below.
- The home may not be sub-let or rooms rented out.
- The home may not be rented out during the first year of ownership.

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning _____
and ending _____ at the monthly rate of \$ _____

I (We) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same.

Unless you notify me to the contrary within 14 days from the receipt of this completed notice and attachment, I will advise Lessee that the attached lease has been approved.

____ I have provided my tenants a copy of the Tampa Palms North Owner's Association and Lancaster Neighborhood governing documents.

____ I have enclosed the current and/or pending lease agreement(s).

____ I have enclosed the applicaiton fee of \$50 per adult.

THIS SECTION TO BE COMPLETED BY LESSEE THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to lease unit number/address _____

for the period beginning _____ and ending _____.

In order for you to facilitate consideration of my (our) application for lease of the above designated unit, I (we) are aware that any falsification or misrepresentation of this application will result in an 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) also acknowledge that a national background check will be performed as part of the application process. Please review the rental policy guidelines as adopted by the Board of Directors.

I (We) understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the Unit and Common Property.

NAME OF LESSEE (1) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

NAME OF LESSEE (2) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

CURRENT HOME ADDRESS _____ HOW LONG? _____

PHONE NO (_____) _____ - _____

NAME AND ADDRESS OF PRESENT LANDLORD (IF APPLICABLE) _____

PHONE NO (_____) _____ - _____

THE FOLLOWING PERSON(S), IN ADDITION TO LESSEE(S) WILL OCCUPY THE UNIT

NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
.....

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT

TYPE _____ BREED _____ WEIGHT _____
TYPE _____ BREED _____ WEIGHT _____
.....

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE)

NAME _____ ADDRESS _____ PH(_____) _____ - _____
NAME _____ ADDRESS _____ PH(_____) _____ - _____
.....

.....
AUTOMOBILE/VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ TAG NO _____
MAKE _____ MODEL _____ YEAR _____ TAG NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ ADDRESS _____ PH(_____) _____ - _____
.....

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Association documents provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____, 20_____.

SIGNED _____
Lessee

SIGNED _____
Lessee

THIS SECTION FOR ASSOCIATION USE ONLY

APPROVED ____/____/____ DISAPPROVED ____/____/____ DATE _____
BY _____ TITLE _____
NOTES

