



Condominium Associates
 2019 Osprey Lane, Suite B, Lutz, FL 33549
 Phone (813)-341-0943, Fax (813) 949-6041
 pasco@condominiumassociates.com

To ensure that your application is processed please remit the following:

- Application with all fields completed and signed by applicant(s)**
- An executed copy of the lease/sale contract
- \$50.00 fee made payable to Condominium Associates. Check or Money Order only. Non-Refundable
- Minimum lease period is for a term of no less than 3 months

Applicant(s) may not take possession of the unit until approval is granted by the Board of Directors.

Lease Application

Unit Number: _____ Unit Address: _____

Current Owner(s)/Landlord: _____

Realtor: _____ Phone: _____

Closing Date: _____ Title Company: _____ Phone: _____

Will new owner live in unit: (please select one) full time part time lease

Rental Occupancy Dates From: _____ To: _____

1st Applicant: _____

First Middle Initial Last

Current Address: _____

Street Address City State Zip

Phone: (____) _____ Alt Phone: (____) _____

SS# _____ Gender : _____ Birth Date: _____

Month Date Year

Drivers License # / US Photo ID # _____ State Issued _____

(please circle form of ID provided)

Email Address: _____

2nd Applicant: _____

First Middle Initial Last

Current Address: _____

Street Address City State Zip

Phone: (____) _____ Alt Phone: (____) _____

SS# _____ Gender : _____ Birth Date: _____

Month Date Year

Drivers License # / US Photo ID # _____ State Issued _____

(please circle form of ID provided)

Email Address: _____

Additional occupants that will reside in this unit:

1) _____ Birth Date: _____

2) _____ Birth Date: _____

Vehicle Information:

Automobile (1): Make: _____ Year: _____ License # _____

Automobile (2): Make: _____ Year: _____ License # _____

Buyer / Renter References

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

ACKNOWLEDGEMENT OF RECEIPT OF RULES AND REGULATIONS

PURCHASER states that he/she has received a copy of the condominium documents, including the Declaration of Condominium, the Articles of Incorporation, By-laws and Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable rules and regulations enacted thereafter officially by the Association.

Purchaser (Signature)

Date

Purchaser (Signature)

Date

RENTER states that he/she has received a copy of the Association's Rules and Regulations and that he/she has read these documents, understands their content and agrees to abide by all of the conditions and terms therein, and all reasonable future rules and regulations officially enacted by the Association.

Renter (Signature)

Date

Renter (Signature)

Date

APPLICANT DISCLOSURE AGREEMENT

Applicant(s) represents that the information provided herein is true and correct and hereby consents and authorizes, by signature, the release of public records, credit report, employment verification, rental or lease information, whether by fax, verbal, photo copy or original signature, to the Association's Board of Directors or its agent now or in the future.

Applicant (Signature)

Date

Applicant (Signature)

Date

NOTICE OF FINANCIAL OBLIGATIONS (SALES ONLY)

This approval is subject to all financial obligations to the Association including, but not limited to, maintenance fees, late charges, special assessments, legal fees and application fees having been paid in full at the time of occupancy.

Applicant (Signature)

Date

Applicant (Signature)

Date