

# MAYFAIR NEIGHBORHOOD ASSOCIATION INC.

C/O Wise Property Management  
18550 N. Dale Mabry Ave  
Lutz, Fl 33548  
Office 813-968-5665 Fax 813-968-5335  
Email [cmclark@wisepm.com](mailto:cmclark@wisepm.com)

---

---

## LEASE APPLICATION

---

---

ADDRESS \_\_\_\_\_ DATE OF OCCUPANCY \_\_\_\_\_

OWNER NAME \_\_\_\_\_ OWNER CONTACT NUMBER \_\_\_\_\_

---

Thank you for considering Mayfair Homeowners Association. A copy of your Photo Identification is required. This form must be completed and the Lease contracts attached before application will be processed.

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SEC ID# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ ST \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD OR MORTGAGE COMPANY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MONTHLY AMOUNT PAID: \$ \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

EMPLOYER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ MO INCOME \$ \_\_\_\_\_ POSITION: \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

---

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL ID# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ ST \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD OR MORTGAGE COMPANY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MONTHLY AMOUNT PAID: \$ \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

EMPLOYER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ MO INCOME \$ \_\_\_\_\_ POSITION: \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

---

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL ID# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ ST \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD OR MORTGAGE COMPANY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_ MONTHLY AMOUNT PAID: \$ \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

EMPLOYER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ MO INCOME \$ \_\_\_\_\_ POSITION: \_\_\_\_\_ VERIFIED: \_\_\_/\_\_\_/\_\_\_

