MAYFAIR NEIGHBORHOOD ASSOCIATION INC.

C/O Wise Property Management
*** 3903 Northdale Blvd Ste 250W**
Tampa, FL 33624
Office 813-968-5665 Fax 813-968-5335
Email JonahG@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 with $50 check before application will be processed. Submit to our office address.

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:** ____/____/____

PLEASE LIST ALL OTHER PERSONS OCCUPYING THE UNIT:

OCCUPANT NAME_____ PHONE _____ ADULT ☐ MINOR ☐

OCCUPANT NAME_____ PHONE _____ ADULT ☐ MINOR ☐

OCCUPANT NAME_____ PHONE _____ ADULT ☐ MINOR ☐

PET INFORMATION

☐ CANINE ☐ FELINE BREED: _____ NAME: _____
Rabies vaccination #_____ COLOR: _____ WEIGHT: _____

☐ CANINE ☐ FELINE BREED: _____ NAME: _____
Rabies vaccination #_____ COLOR: _____ WEIGHT: _____

As per Florida Statute §585.69, all dogs and cats 4 months of age or older shall be vaccinated by a licensed veterinarian against rabies with a United States Government-approved vaccine. Proof of vaccination is required. All pets must remain on a leash and in control of the handler at all times. Pet handlers must immediately pick up pet waste from their pets. Failure to do so may result in a violation imposing a monetary fine, accordingly.

_____**Applicants Initial(s**)

VEHICLE INFORMATION

MAKE_____ **MODEL**_____ **COLOR** _____**YEAR**_____ **TAG #** _____

MAKE_____ **MODEL**_____ **COLOR** _____**YEAR**_____ **TAG #** _____

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____ RELATIONSHIP_____

PRESENT ADDRESS _____ CITY_____ ST_____ ZIP_____

EMERGENCY CONTACT INFORMATION

NAME _____ PHONE _____ RELATIONSHIP_____

PRESENT ADDRESS _____ CITY_____ ST_____ ZIP_____

AUTHORIZATION OF RELEASE OF INFORMATION: *Applicant(s) represent that all above information and statements on the application are true and complete, and hereby authorizes verification of any and all information relating to the residential history (rental or mortgage), employment history, criminal history records, court records and credit records. Applicant(s) acknowledges that false or omitted information herein may constitute grounds fro rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of the State of Florida.*

APPLICANTS(S) *agree to submit payment of $50.00 per individual applicant payable to Mayfair Neighborhood Association, Inc., for a background search. Married applicants will submit $50.00, total.*

_____ _____
Applicant Signature **Date** **Applicant** **Date**

_____ _____
Applicant Signature **Date** **Applicant** **Date**