

**VILLAS de GOLF CONDOMINIUM ASSOCIATION, INC.**

**APPLICATION FOR APPROVAL OF LEASE**

**A COPY OF LEASE AGREEMENT MUST ACCOMPANY  
THIS APPLICATION ALONG WITH COPY OF DRIVERS LICENSE.**

Submit all forms to:  
Phone # 727-796-5900  
Fax: # 727-796-5011

Resource Property Management, Inc.  
28100 US HWY 19 N, Ste 305  
Clearwater, FL 33761

55+ Community  
Attach Proof of Age  
No Pets Permitted  
6 Mo. + 1 Day Min.  
Lease Period

**ALL INFORMATION MUST BE COMPLETED IN FULL** Lease \_\_\_\_\_

Present Owner(s) \_\_\_\_\_ Unit # \_\_\_\_\_

Present Owner(s) Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Other \_\_\_\_\_

**LESSEE INFORMATION**

Applicants Name \_\_\_\_\_

Present Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell phone # \_\_\_\_\_ Other \_\_\_\_\_

Spouse / Partner \_\_\_\_\_

No. of Vehicles \_\_\_\_ Make/Model/Tag # 1. \_\_\_\_\_ 2. \_\_\_\_\_

**RENTAL INFORMATION** Min. 6 Mo. + 1 Day Lease period - From: \_\_\_\_\_ To: \_\_\_\_\_

Number of persons occupying the unit \_\_\_\_\_ Relation \_\_\_\_\_

Please provide Name & Phone # of realtor or other who will be handling the unit: \_\_\_\_\_

**Approved Lease Application to be sent to:** \_\_Resource Property Mgt. \_\_\_\_\_  
List Name & Address of Real Estate Company, Title Company or Other

**DOCUMENTS AND AGREEMENT:**

**AS LESSEE**, I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE RULES & REGULATIONS PRIOR TO THE EXECUTION OF THIS LEASE AGREEMENT AND AGREE TO ABIDE BY THE RULES & REGULATIONS THAT GOVERN THE ASSOCIATION.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner / Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by BOD \_\_\_\_\_ Date \_\_\_\_\_