

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.
7200 Park St. North
Seminole, FL 33777

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

ALL INFORMATION MUST BE COMPLETED IN FULL

Lease x

Present Owner(s) _____ Unit # 2104

Present Owner(s) Phone # _____ Cell Phone # _____ Other _____

LESSEE INFORMATION

Applicants Name _____

Present Address _____

Phone # _____ Cell phone # _____ Other _____

Spouse / Partner _____

No. of Vehicles _____ Make/Model/Color 1. _____ 2. _____ 3. _____

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: Villas de Golf & Resource Prop. 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 _____