

FEATHER COVE HOMEOWNERS ASSOCIATION

LEASE APPLICATION

Date: _____ Unit Address: _____

Anticipated Closing Date: _____ Anticipated Occupancy date: _____

Lease Term: From _____ to _____ ***Copy of Lease Required to be Attached***

Current Owner(s): _____

Owner Address: _____ Phone: _____

Applicant(s): _____

Current Address: _____

How Long? _____ Home Phone: _____ Work Phone: _____

Other Co-Applicant: _____ Phone: _____

Current Address: _____ How Long? _____

E-Mail Address: _____ Fax: _____

Providing your email address authorizes the association to use this to contact you with Notices, etc.

Seasonal Address: _____

Other Email or Phone No.: _____

Number of persons who will occupy the unit: _____ (Limit is 2 per bedroom)

Does tenant(s) plan to occupy the listed address? Yes _____ No _____

List all other occupants

<u>Name</u>	<u>Relationship</u>	<u>Permanent / Seasonal</u>
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_____	_____	_____
_____	_____	_____

Pets

Up to two domestic animals shall be permitted. The animal must be a feline and/or domestic canine
The pet may not be aggressive in nature.

Pet? No _____ Yes _____ Type: _____ Dog _____ Cat

Type/Breed: _____

List vehicles off all occupants:

Make	Model	Color	Year	License #

In making the foregoing application, I/We represent to the Board of Directors that the purpose for the lease of the unit is as follows: (**MINIMUM** lease term is 12 months).

I have received a copy of all Association Documents from the owner, including the current version of the Feather Cove Homeowners Association Rules and Regulations. Yes _____ No _____

I hereby agree for myself and on behalf of all persons who may use the unit which I seek to lease that I will abide by all the restrictions contained in the Association's Documents, the Rules and Regulations, and restrictions which are or may in the future be imposed by the Association.

I understand that I will be advised by Feather Cove Homeowners Association and/or Management for the association of either acceptance or denial of this application

I understand that the acceptance for lease of a unit at Feather Cove Homeowners Association is conditioned upon the truth and accuracy of this application and upon the approval of the Board of Directors. Any misrepresentation or falsification of the information on these forms will result in the automatic rejection of this application.

I have received a copy of the Feather Cove Homeowners Association Rules and Regulations document

I understand that pursuant to F.S. 720.308(5) that if the owner(s) is/are delinquent in paying any monetary obligation due to the association, the association may demand that the tenant pay to the association the subsequent rental payments and continue to make such payments until all the monetary obligations of the owner(s) related to the unit have been paid in full to the association and the association releases the tenant or until the tenant discontinues tenancy in the parcel.

In making the foregoing application, I am aware that the decision of the Board of Directors will be final. I agree to be governed by the determination of the Board of Directors and all Association Documents. ALL BLANKS IN THIS APPLICATION MUST BE FILLED IN AS APPROPRIATE. I CERTIFY THAT ALL INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. FALSIFICATION OF ANY INFORMATION WILL BE GROUNDS FOR DENIAL OF THIS APPLICATION.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

OWNER SIGNATURE: _____ DATE: _____

○○○○ for office use only ○○○○

Approved []

_____/_____/_____
Name Title Date

Disapproved []

_____/_____/_____
Name Title Date

Reason for Rejection: _____

Completed Forms:

Mail to Feather Cove HOA, c/o
Resource Property Management
28100 US Highway 19 N Suite 200
Clearwater, FL 33761
Mpuckett@resourcepropertymgmt.com
Phone: 727-796-5900 Fax: 727-796-5011