

## 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 #
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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. 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 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: \_\_\_\_\_

oooo for office use only oooo

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