**Unit Owner:**   **Unit Number:**

Please read carefully, complete in full and include all requested documentation.

Applications must be submitted at least three (3) days prior to lease commencement.

**Guest/Tenant:**

 (First Name) (Last Name)

**Address:**

 (Street)

 (City) (State) (Zip Code)

 (Country) (Telephone)

**Spouse Name:**

**If Guest, Relationship to Owner**:

**List all Other Persons Residing in the Unit and Their Relationship to You:** Please note that My Condominium’s rules restrict occupancy to lessee(s) and their guests. A one-bedroom unit is limited to occupancy by four persons and a two-bedroom unit is limited to occupancy by six persons. **A copy of a state issued identification (DL) is required for each adult (18 years of age or older) occupying the unit. Please list ages for minor children.**

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

Name: Relationship:

**Period of Occupancy:**

 (Arrival Date) (Departure Date)

**Description of Vehicle(s) which will be on Premises:** Condominium rules prohibit certain pickup trucks. No boats, trailers, mobile homes, panel vans, motorcycles, recreational vehicles or buses are permitted on condominium property. Parking permits are required to park on property. Vehicle information must be submitted prior to arrival.

 Make Model Tag State Permit #

 Make Model Tag State Permit #

|  |
| --- |
| **Pets:**A copy of the most recent vaccination information from your veterinarian is required for all pets. A photograph is required for all Dogs. Note: Condominium rules do not allow pets over twenty (20) pounds.# Pets Type: Pounds:  |

Check List: Please make sure all information is included. Incomplete applications will not be accepted:

Copy of Lease:

Copy of All Adult Guest Identification(s):

Information for Any Vehicle(s) on Property:

Copy of Pet Vaccination(s) from Veterinarian:

**I DECLARE THAT THE INFORMATION SUPPLIED IS TRUE AND CORRECT. I FURTHER ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE RULES AND REGULATIONS OF MY CONDOMINIUM ASSOCIATION. I AFFIRM THAT I WILL ABIDE BY THE RULES OF THE ASSOCIATION.**

 (Tenant/Guest Signature) (Date) (Tenant/Guest Signature) (Date)

 (Tenant/Guest Signature) (Date) (Tenant/Guest Signature) (Date)

 (Tenant/Guest Signature) (Date) (Tenant/Guest Signature) (Date)