

ASSOCIATION APPLICATION FOR LEASE OCCUPANCY

Please complete all questions and sign below: Lease must be attached

Association Name:

Address of Property:

Name of Property Owner: Lease Dates: Start

End_____

Applicant Name: Last First MI Date of Birth

Applicant Name: Last First MI Date of Birth

Current Address Apt# City State Zip

Drivers License # (provide copy) State Issued Expiration

Drivers License # (provide copy) State Issued Expiration

Email Address Home Phone Cell Phone

Residential History:

Previous Address Apt# City State Zip

Dates at Previous Address Reason for Moving

Landlords Name Landlords Phone#

Were you evicted? Why?

Employment Information:

Present Employer Phone Job Title

Address City State Zip

Occupant Information: (Please list all other people to live in the unit including children)

Name: Last First MI Date of Birth Relationship

Name: Last First MI Date of Birth Relationship

Name: Last First MI Date of Birth Relationship

Pets: Yes _____ No _____ Description _____
(Please refer to documents for rules concerning pets)

Number of Vehicles: _____ (list below)

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____ ST _____

In case of an Emergency please notify:

Name:	Phone	Relationship	
_____	_____	_____	
Address	City	State	Zip
_____	_____	_____	_____

Leasing Agent: If Applicable

Name:	Company	
_____	_____	
Email Address	Mailing Address	
_____	_____	
Office Phone	Cell Phone	Fax#
_____	_____	_____

Application Statement: (You MUST initial beside each statement)

I/We the undersigned agree that we have received, read and understand Association Declaration of Covenants/Restrictions and the Rules & Regulations of the Association(./.).

We agree to abide by all covenants, restrictions, rules presently enacted and any new rules which may be promulgated from time to time by the Association(./.).

I warrant that I am at least 18 years of age and that all statements herein are true and correct(./.).

Criminal History: Has any occupant listed on this application ever been convicted of a felony?

Yes _____ No _____ (_____/____).

(If yes please explain) _____

Occupant signature: _____ Date: _____

Occupant signature: _____ Date: _____

The unit Owner or Owners Agent is responsible for providing a copy of the Association Covenants/Restrictions and Rules & Regulations to the tenant. These documents may be requested for immediate download on www.watsonassociationmanagement.com

Return to: Watson Association Management, 1410 Palm Coast Parkway NW, Palm Coast, FL 32137 Phone (386)246-9270 Fax (386)246-9271

Email: smatthews@watsonrealtycorp.com

(A copy of the signed lease must be submitted with this application)

BOARD NOTIFIED

DATE: