ASSOCIATION INFORMATION FOR LEASE OCCUPANCY

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

Association Name: _____

Address of Property: _____ **Unit #**_____

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

_____

Dates at Previous Address **Reason for Moving**

_____

Landlords Name **Landlords Phone#**

_____

Employment Information:

Present Employer **Phone** **Job Title**

_____

Address **City** **State** **Zip**

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**

_____

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:
Name: Company

Email Address Mailing Address

Office Phone Cell Phone Fax#

<u>Application Statement: (You MUST initial beside each statement. If any are left blank approval will not be granted)</u>

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.

We request at least 7 business days for processing and notifying the Board Members

Return to: Watson Realty 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: