

NOTICE OF INTENT TO LEASE

_____, 20____
ASSOCIATION NAME _____ DATE _____
UNIT NUMBER/ADDRESS _____ PROPERTY OWNER NAME _____

This Notice of Intent to Lease and a fully executed copy of the related lease contract must be accompanied by a check in the amount of \$_____ made payable to the Association and returned to the Association's Board of Directors or the community association manager. If uncertain, please contact the Closing Department at 1-800-932-6636 ext 405 or 407-788-6700 ext 405.

- Leases of fewer than _____ months are prohibited.
- Use of unit is limited to single-family residency.
- Occupation of the unit will be limited to Lessee and his/her immediate family listed below.
Unit is to be occupied by no more than _____ persons. Units may not be sub-let.

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that as owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning _____
and ending _____ at the monthly rate of \$ _____

I (We) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same.

Unless you notify me to the contrary within _____ days from the receipt of this completed notice and attachment, I will advise Lessee that the attached lease has been approved.

Mailing Address _____
For Response _____

THIS SECTION TO BE COMPLETED BY LESSEE THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (We) intend to lease unit number/address _____

for the period beginning _____ and ending _____

In order for you to facilitate consideration of my (our) application for lease of the above designated unit, I (we) are aware that any falsification or misrepresentation of this application will result in an automatic rejection of this application. I (we) consent that you may make further inquiry concerning this application, particularly of the references given below. I (we) also acknowledge that a credit check and/or background check may be performed as part of the application process.

I (We) understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the Unit and Common Property.

NAME OF LESSEE (1) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

NAME OF LESSEE (2) _____

OCCUPATION _____ HOW LONG? _____

EMPLOYER _____ PHONE NO (_____) _____ - _____

CURRENT HOME ADDRESS _____ HOW LONG? _____

PHONE NO (_____) _____ - _____

NAME AND ADDRESS OF PRESENT LANDLORD (IF APPLICABLE) _____

PHONE NO (_____) _____ - _____

THE FOLLOWING PERSON(S), IN ADDITION TO LESSEE(S) WILL OCCUPY THE UNIT

NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
NAME _____ RELATIONSHIP _____
.....

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT

TYPE _____ BREED _____ WEIGHT _____
TYPE _____ BREED _____ WEIGHT _____
.....

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE)

NAME _____ ADDRESS _____ PH(____) _____ - _____
NAME _____ ADDRESS _____ PH(____) _____ - _____
.....

BANK REFERENCES

BRANCH NAME/ ADDRESS _____ PH(____) _____ - _____
BRANCH NAME/ ADDRESS _____ PH(____) _____ - _____
.....

AUTOMOBILE/VEHICLE INFORMATION

MAKE _____ MODEL _____ YEAR _____ TAG NO _____
MAKE _____ MODEL _____ YEAR _____ TAG NO _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME _____ ADDRESS _____ PH(____) _____ - _____
.....

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Association documents provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____, 20_____.

SIGNED _____
Lessee

SIGNED _____
Lessee

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED \$ _____ LEASE ATTACHED: YES NO

APPROVED ____/____/____ DISAPPROVED ____/____/____ DATE _____, 20_____

BY _____ TITLE _____

NOTES _____



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, _____ herein referred to as **Association** and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or any attachments, exhibits.

I authorize the **Association** to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the **Association** to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the **Association** at any time during my occupancy with the **Association**.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of the **Association**, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the **Association** based on information contained in the report.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

Professional License(s) _____ Type _____ No _____ State _____

_____ Type _____ No _____ State _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective Association.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____