



*OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.*

1111 Forrest Nelson Blvd., Port Charlotte, Fl 33952  
Tel: 941-624-3451 Email: [oakhollowstaff@comcast.net](mailto:oakhollowstaff@comcast.net) Fax: 941-624-2552

**Remember to Bring for Rental Renewal Applications**

- Application to Qualify for Lease – three (3) page form
- Photo documentation: Driver(s) License/ Military ID Card(s)/ State ID Card(s)
- Updated Lease Agreement
- All waivers previously signed and on file do not need to be resubmitted.
  - Signed Acknowledgement of Rules & Regulations
  - Signed Fitness Waiver
  - Signed Rental Agreement/Lease
- If you currently have a fob, we will update the expiration date upon your renewal approval – you do not need to purchase a new fob.
  - For each FOB you wish to purchase bring \$10.00 (cash, check or money order made payable to Oak Hollow Property Owners' Association, Inc.)
- Email form if you wish to be included on the email distribution list

**Application to Qualify for Lease**

Per Section 17 of the Oak Hollow Property Owners' Association, Inc. Covenants & Restrictions, all leases of living units within the association must be in writing and an application for approval must be submitted to the Board of Directors (or their designees) at least thirty (30) days prior to the desired date of occupancy. Section 17 (B) of the Oak Hollow Property Owners' Association, Inc. Covenants & Restrictions authorizes credit, criminal and past tenancy investigation checks.

1. An application for approval, as well as all authorization forms must be completed in detail by **each** proposed adult occupant 18 YEARS OF AGE OR OLDER.
2. If any question is not answered or left blank, this application **will be returned, not processed and not approved.**
3. The completed application as well as all supplemental information must be submitted to the Association office at least 30 days prior to the desired date of occupancy (lease date).
4. Occupancy prior to Board approval is **prohibited.** The realtor/Owner will be notified of the applicant(s) qualification or disqualification.
5. Renewals or extensions of leases are subject to re-approval by the Board of Directors (or their designee). Multi-year leases are subject to annual re-qualification by the Board of Directors (or their designee).
6. Use of this unit is for single family residence only as defined in the Association Rules.
7. The Owner (Landlord) or Realtor must provide the Lessee with a **copy of the Association Rules and Regulations.**
8. Any violation of the terms, provisions, conditions and covenants of the Association or lease, provides cause for immediate action as therein provided or termination of the lease under appropriate circumstances.

In order to process the application, the following **must** be submitted:

- A completed application to qualify for lease
- A copy of the lease contract
- A non-refundable processing fee in the amount of \$50 per applicant 18 YEARS OF AGE OR OLDER. (payment can be cash, check or money order made payable to Oak Hollow Property Owners' Association, Inc.) PLEASE NOTE: acceptance of the processing fee does not in any way constitute approval of this application.
- A copy of Driver's License or ID Card.

**MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS**

Today's Date \_\_\_\_\_ Lease Term: Begin \_\_\_\_\_ End \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Owner's Oak Hollow Address:  
\_\_\_\_\_

Agency Handling Lease: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROPOSED TENANTS**

Name of Proposed Lessee (*State exactly as lease will appear*):

Name: \_\_\_\_\_

Number of People Who Will Occupy: \_\_\_\_\_ Identify Below:

<u>Name</u>	<u>Age</u>	<u>Relationship / Occupation</u>

**VEHICLES:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

Color \_\_\_\_\_ State \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate No. \_\_\_\_\_

Color \_\_\_\_\_ State \_\_\_\_\_

**RESIDENCY:**

Have you ever seasonally resided in Florida before? \_\_\_\_\_ If yes, please state the name, address and dates of residency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Dates of residency: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Dates of residency: \_\_\_\_\_

**CRIMINAL HISTORY:**

Have you ever been convicted of or pled to a crime (either misdemeanor or felony)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state the date(s) charge(s) and disposition(s) (use reverse side if needed):

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

**EMERGENCY CONTACTS:**

In the event of an emergency please provide contact information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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1. I / We hereby agree for myself and on behalf of all persons who may use the unit which I seek to Lease:
  - a) I / We will abide by all the restrictions contained in the Association Covenants, Bylaws, Rules & Regulations, and restrictions which are or may in the future be imposed by **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.**
  - b) I / We understand and agree that the Association is authorized to act as the owner's agent, with full power and authority to take whatever action may be required, including eviction, to prevent violations by lessees and their guests, of provisions of the Association Covenants and Rules.
  - c) I / We understand that sub-leasing or occupancy of this unit in my / our absence is prohibited.
  - d) I / We understand that any violation of the terms, provisions, conditions, and covenants of the **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I / We have received a copy of the Rules & Regulations: Yes \_\_\_\_\_ No \_\_\_\_\_
3. I / We understand that I / We will be advised by the Rental Review Committee/Board of Directors (or their designee) of either acceptance or denial of this application. Occupancy prior to Board approval is prohibited.
4. I / We understand that the acceptance for Lease at **OAK HOLLOW** is conditioned in part upon the truth and accuracy of this application and upon the approval of the Rental Review Committee/Board of Directors (or their designee). Any misrepresentation or falsification of information on these forms will result in the automatic disqualification of my application. Occupancy prior to approval is prohibited.
5. I / We understand that the Association may, pursuant to Section 943.953 (8), Florida Statutes, obtain criminal history information on the individual(s) signing this application. By signing this application, I / we hereby consent to the Association obtaining criminal history information and considering same in connection with my / our application. I / we understand that every effort shall be made by the Association to maintain the confidentiality of the report; however; by signing the application, I / we hereby waive and hold the Association harmless for any claim, action or suit regarding the criminal history information.
6. I / We understand that the Rental Review Committee/Board of Directors (or their designee) of **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** may cause to be instituted an Investigation of my / our background as the Board may deem necessary, accordingly, I / we specifically authorize the Board of Directors, Management and **FLORIDA TENANT REPORTING SERVICES** to make such investigation and agree that the information contained in this and the attached application may be used in such investigation, and that the Board of Directors, Officers and Management of **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** itself shall be held harmless from any action or claim by me / us in connection with the use of the information contained herein or any investigation conducted by the Rental Review Committee/Board of Directors (or their designee).

In making the foregoing application, I / we am / are aware that the decision of the **OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.** will be final and no reason will be given for any action taken by the Rental Review Committee/Board of Directors (or their designee). I / We agree to be governed by the determination of the Rental Review Committee/Board of Directors (or their designee).

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
REALTOR'S/OWNER'S SIGNATURE

\_\_\_\_\_  
DATE