



OAK HOLLOW PROPERTY OWNERS' ASSOCIATION, INC.

1111 Forrest Nelson Blvd., Port Charlotte, FL 33952

PH: 941-624-3451 Email: oakhollowstaff@comcast.net FAX: 941-624-2552

www.oakhollowpoa.com

Remember to Bring for Rental Renewal Applications

- Application to Qualify for Lease – two (2) page form
- Photo documentation: Driver(s) License/Military ID card(s)/State ID card(s)/Vehicle Registration
- Updated/Signed 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
 - Signed Key Fob Disclaimer
- 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 Owner's Association, Inc.)
- Email form if you wish to be included on the email distribution list
- Update parking sticker (if different vehicle from original application)

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Application for Renewal

To process the renewal application, the following **must** be submitted:

- A completed application for renewal
- An updated, signed copy of the lease contract
- A copy of Driver's License or ID card if the one on file is expired
- A copy of the vehicle registration
- A copy of all signed waivers – check with office to make sure they are on file

Today's Date _____ Lease Term: Begin _____ End _____

MUST PRINT OR TYPE ALL INFORMATION ON THESE FORMS

Owner's Name: _____ Telephone: _____

Owner's Oak Hollow address: _____

Agency Handling Lease (if applicable): _____

Agent: _____ Address: _____

Email: _____ Phone: _____ Fax: _____

PROPOSED TENANTS

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

Name(s): _____

Contact Phone #s: _____

Number of People Who Will Occupy: _____ **Identify Below:**

NAME	AGE	RELATIONSHIP/OCCUPATION

VEHICLES:

Year ____ Make _____ Model _____ Plate # _____ Color _____ State _____

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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 wither acceptance or denial of this application. **Occupancy prior to 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 the 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 and 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