Sunfish Bay Condominium Association, Inc. A Deed Restricted Community

Application for Lease

Lease Minimum of 12 Months

Note: Application must be submitted 21 days prior to occupancy for Board approval

Please include a copy of the lease for this unit

A background check is required of all applicants

\$150.00 APPLICATION FEE

PLEASE PRINT CLEARLY

Property to be Leased:		Lease Date: From	То
Owner's Name:			
Owner's Address:			
Owner's Email Address:			
Owner's Home Tele #:	Cell/Work Tele:		
Personal Data of Lessee: Names:			
(1)		Phone Contact No	
(2)		Phone Contact No	
Present Address:			
Email Address:			
Home Telephone:	Cell/Work:		
Employment: NAME AND ADDRESS:			
Other Adults To Live in Unit:			
Name:		Relationship:	Age:
Name:		Relationship:	Age:
<u>Children To Live in Unit:</u>			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

If you have previously resided at Sunfish Bay, please list address:

	num two pets per unit)	
	Breed:	
Type of Animal:	Breed:	Weight:
Vehicle Information:		
Tag #	Make/Model	Year:
Tag #	Make/Model	Year:
(No boats, trailers, campe	rs, commercial vehicles, buses, motor hom	es, or mobile homes are permitted on property overnight.)
<u>Lease Data:</u> There is a m portion thereof.	inimum written lease of twelve months.	The lease is to be written for the entire unit and not just a
		Telephone:
A copy of the lease agreen	nent is to be attached to this application.	
	-	applicants) nunity and I agree to abide by its documents
Signature:		
Signature:		
I have received have r	ot received a copy of the Rules and R	egulations of the community.
Completed Applications fo	r Board Approval should be Sent to:	
Michael Dioric	, LCAM	
A		
	ech Property Management, Inc.	
	S. Highway 19 North, Suite 102	
24701 U. Clearwater, FL	S. Highway 19 North, Suite 102	
24701 U. Clearwater, FL Telephone: (727) 726-80	S. Highway 19 North, Suite 102 33763	proved Application is to be Mailed:
24701 U. Clearwater, FL Telephone: (727) 726-80 Name and Address of Hon	S. Highway 19 North, Suite 102 33763 00 505 FAX: (727) 723-1101	
24701 U. Clearwater, FL Telephone: (727) 726-80 Name and Address of Hon Homeowner/A	S. Highway 19 North, Suite 102 33763 00 505 FAX: (727) 723-1101 neowner or Real Estate Agent to whom Ap	

Date:_____

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Application Approved By: _____

Michael Diorio LCAM, Acting as Agent for Sunfish Bay Condominium Association