

THE CONDOMINIUM OWNERS ASSOCIATION OF PINE BAY FOREST, INC.

APPLICATION FOR LEASE

PLEASE ALLOW THREE WEEKS FOR PROCESSING

LEASE TERMS AND APPROVAL

ALL applications to be submitted 30 (thirty) days in advance for Board of Directors approval. No lease shall be for less than an entire unit and no unit shall be leased for a period of less than 3 months. When the owner(s) has a prospective tenant(s), the owner(s) will provide the Property Manager an APPLICATION FOR LEASE form filled in by the prospective tenant(s), a copy of the lease and the non-refundable \$100.00 application fee payable to Pine Bay Forest Condominium Assoc.,Inc.. The lease for the prospective tenant shall not be valid until an interview has been held with a representative of the Board of Directors and the APPLICATION FOR LEASE form has been approved. The owner(s) must provide prospective tenant(s) with a copy of Forest Pathways...extra copies are available from the Property Manager or Association Services Chairperson. Owner has ultimate responsibility for the actions of his/her tenant(s), Guests, and/or family members.

PLEASE PRINT

HOMEOWNER INFORMATION

PBF UNIT # \_\_\_\_\_ OWNER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ E:MAIL ADDRESS: \_\_\_\_\_

REALTOR/AGENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE # \_\_\_\_\_

HOMEOWNER INSURANCE CO \_\_\_\_\_

LEASE DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

APPLICANT INFORMATION

ALL ADULTS (18 years of age and older) THAT WILL BE OCCUPYING THE UNIT MUST SUPPLY THE FOLLOWING INFORMATION AND BE INTERVIEWED.

(All Adults 18 years of age and older must fill out a separate Application)

NAME \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

SS# \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

DL# \_\_\_\_\_ DL# \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

BUSINESS \_\_\_\_\_ BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY, STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE# \_\_\_\_\_

IF RETIRED: FORMER OCCUPATION \_\_\_\_\_ CO-APPLICANT \_\_\_\_\_

(Continue on page 2)

NAMES AND RELATIONSHIP OF ALL PERSONS WHO WILL OCCUPY THE UNIT:

PLEASE NOTE: **NO TRUCKS (any vehicle which has a bed)** REFER TO "FOREST PATHWAYS"

VEHICLES: MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG \_\_\_\_\_

MAKE: \_\_\_\_\_ YEAR \_\_\_\_\_ MODEL \_\_\_\_\_ TAG \_\_\_\_\_

PLEASE NOTE: **ONLY ONE DOG ...FULL GROWN 30 LB LIMIT** REFER TO "FOREST PATHWAYS"

DESCRIPTION OF PET TYPE \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAVE YOU RENTED A UNIT IN PINE BAY FOREST PREVIOUSLY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, UNIT # \_\_\_\_\_ RENTED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

BANK REFERENCES:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSONAL REFERENCES:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*I/we authorize the board of directors or its authorized agents to investigate my/our background which may include credit .

\*I/we enclose the \$100.00 fee with this application make check payable to Pine Bay Forest Condominium Association, Inc. (All Adults 18 years of age and older must fill out a separate Application)

**\*I/we enclose a copy of the lease with this application. I/we have received and read the rules and regulations in the "Forest Pathways" book and agree to abide by them.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF OWNER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF OWNER

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**ASSOCIATION APPROVAL:**

**APPROVAL** \_\_\_\_\_

**DISAPPROVAL** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**RETURN TO: Community Association Management by Stacia, Inc.**

1800 2nd St. Suite 853  
Sarasota, FL 34236

Office (941) 315-8044

FAX (941) 870-5490

email: office@cam-ss.com