

ASSOCIATION APPLICATION FOR LEASE OCCUPANCY

Please complete all questions and sign below:

Lease must be attached

Association Name: _____

Address of Property: _____

Name & Phone # of Rental Agent: _____

Name & Address of Property Owner: _____

Lease Dates: Start _____ End _____

Tenant Occupant _____

Other Occupants _____

Phone Number at the residence _____

Pets: Yes ____ No ____ Description _____

(Please refer to documents for rules concerning pets)

Number of Vehicles: _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____

Make: _____ Model: _____ Year: _____ Tag Nbr: _____

In case of an Emergency please notify:

Name: _____

Address: _____

Phone: _____

I/We the undersigned agree that we have read and understand the Rules & Regulations of the Association. We agree to abide by all covenants, restrictions, rules presently enacted and new rules which may be promulgated from time to time by the Association.

Occupant signature: _____ Date: _____

Occupant signature: _____ Date: _____

Return to: Flagler Palm Coast Property Management, Inc., 17 Old Kings Rd. N, Ste B,
Palm Coast, FL 32137 Phone (386) 445-9282 Fax (386) 445-9283