

# 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: \_\_\_\_\_

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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., 50 Leanni Way, Suite B6,  
Palm Coast, FL 32137 Phone (386) 445-9282 Fax (386) 445-9283