

Village Woods Condominium Association Application Lease of Condominium (55+ Community)

(\$50 Processing Fee required made payable to Village Woods Condo Association)

Owner and Lessee hereby request a **minimum of three months** lease approval from the Village Woods Condominium Association. *For processing of this request a fee is charged in the amount of **\$50.00** and made payable to **Village Woods Condominium Association**.*

Additional \$25.00 late fee is charged if submitted in less than 3 weeks to rental date.

This fee must accompany the Lease Approval Request. No fee is required for extension or renewal of lease if the tenant is the same as stated on the original lease and if renewal is made before the expiration date.

Owner(s) Name: _____

Village Woods Address: _____

Phone Number: (____) _____

Lessee Name: _____

Phone Number: (____) _____

List members of family that will occupy the unit:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address: _____

City: _____ State: _____ Zip: _____

Automobiles:

Make/Model: _____ Year: _____

Make/Model: _____ Year: _____

Prior Residences' Addresses

1) _____

2) _____

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Employer Name: _____

Address: _____ Phone: (____) _____

References Name/Address/Phone #:

1) _____

2) _____

3) _____

Term of Lease (min. 3 months): _____ Commencing: _____ Expire Date: _____

Rental Co.: _____ Agents Name: _____

Rental Co. Address: _____ Phone: (____) _____

RENTERS STATE THAT HE/SHE/THEY HAS/HAVE RECEIVED A COPY OF ALL ASSOCIATION DOCUMENTS, INCLUDING ARTICLES OF INCORPORATION, AND HAS/HAVE READ AND UNDERSTOOD THEM, AND AGREES TO ABIDE BY ALL THE CONDITIONS AND TERMS THEREIN, AS WELL AS ALL RULES AND REGULATIONS ENACTED HEREAFTER.

Yes _____ No _____

PLEASE PROVIDE COPY OF DRIVER'S LICENSES

I/WE UNDERSTAND THAT NO PETS ARE ALLOWED.

LESSEE SIGNATURE OR INITIALS: _____

LESSEE SIGNATURE

DATE

LESSEE SIGNATURE

DATE

OWNERS OR AUTHORIZED AGENTS SIGNATURE

DATE

**Village Woods Condominium Association Application
for Lease of Condominium
(55+ Community)**

APPROVED BY BOARD

_____ BOARD OF DIRECTOR SIGNATURE	_____ TITLE PRESIDENT	_____ DATE
_____ BOARD OF DIRECTOR SIGNATURE	_____ TITLE VICE PRESIDENT	_____ DATE
_____ BOARD OF DIRECTOR SIGNATURE	_____ TITLE TREASURER	_____ DATE
_____ BOARD OF DIRECTOR SIGNATURE	_____ TITLE SECRETARY	_____ DATE
_____ BOARD OF DIRECTOR SIGNATURE	_____ TITLE DIRECTOR	_____ DATE

PROCESSING FEE PAID: (Y / N) AMOUNT \$ _____ DATE: _____