

SUNWATCH ON ISLAND ESTATES CONDOMINIUM ASSOCIATION, INC.

APPLICATION FOR APPROVAL OF LEASE (90 DAY MIN. LEASE PERIOD)

\$100.00 APPLICATION FEE MADE PAYABLE TO SUNWATCH ON ISLAND ESTATES MUST ACCOMPANY THIS APPLICATION, ALONG WITH A COPY OF THE LEASE.

Submit all forms to:
Phone # 727-796-5900
Fax: # 727-796-5011

Resource Property Management, Inc.
28100 US HWY 19 N, Ste 305
Clearwater, FL 33761

ALL INFORMATION MUST BE COMPLETED IN FULL

OWNER INFORMATION Unit # _____ Parking Space/Garage _____

Present Owner(s) _____

Present Owner(s) Phone # _____ Cell Phone # _____ Work Phone _____

LESSEE INFORMATION

Applicant Name _____

Spouse / Other _____ Children in unit _____

Phone # _____ Cell Phone # _____ Other _____

Present Address _____

Own ___ Rent ___ How Long: _____ Landlord's Name & Phone # _____

Applicant Employer Name & Address _____

Position _____ Work Phone _____

GENERAL INFORMATION The Owner should provide you with the following keys: 1 mailbox key

and 2 building keys. Bldg. Key # _____ Bldg. Key # _____

No. of Vehicles _____ Make/Model/Tag # 1. _____ 2. _____

Pets: No ___ *Yes ___ *Please fill out attached Pet Registration form and return with application

RENTAL INFORMATION (90 Day Min. Lease) Lease period - From: _____ To: _____

Number of persons occupying the unit _____ Relation _____

Please provide Name & Phone # of realtor or other who will be handling the unit:

Agent's / Contact Name _____ Phone # _____

Approved Lease Application to be sent to: _____

List Name, Address & Phone # of Real Estate Co. or Other

DOCUMENTS AND AGREEMENT:

AS LESSEE, I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED AND READ A COPY OF THE RULES & REGULATIONS AND AGREE TO ABIDE BY THE RULES & REGULATIONS THAT GOVERN THE ASSOCIATION.

Applicants Signature _____ Date _____

Owner / Agent Signature _____ Date _____

Reviewed & Approved by Board of Directors _____