

Ashton Pointe Homeowners Association

APPLICATION (check one) **RENTAL/LEASE** **SALE/PURCHASE**

Each application must be completed in its entirety. An incomplete application will not be considered for lease. A copy of the lease agreement must be attached to the application. A \$100.00 NON-REFUNABLE fee, payable to the Association must be attached to each application submitted for approval. MUST PRINT AND BE LEGIBLE.

Address & Unit # _____ Term of Lease / Closing date _____
Name (Print) _____ Social Security # _____ DOB: _____
Spouse (Print) _____ Social Security # _____ DOB: _____
Driver's License # _____ State: _____ Driver's License# (Spouse) _____ State: _____
Phone Number(s): _____ Email Address: _____
Present Address: _____ City/State _____ Zip _____
Previous Address _____ City/State: _____ Zip _____
Name of Landlord/Mortgage: _____ Bank (local) _____
Employer: _____ Phone # _____ Employer (Spouse): _____ Phone# _____
References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local: _____

Vehicle Information:

How many: _____ Make: _____ Model: _____ Year: _____ State: _____ License #: _____

Emergency Contact Person _____ Phone: _____

Names of additional persons to Occupy Premises (give ages if under 18) _____

Pets: Yes ___ No ___ Type: _____ Size/Weight: _____

Is the prospective tenant a service member defined in s.250.01 Florida Statutes to include any person on active duty with the U.S. Armed Forces or state active duty and all members of the Florida National Guard and U.S. Reserve Forces? Yes ___ No ___

I have received and read a copy of all Association's Documents, Rules & Regulations. I understand my responsibilities as a renter/occupant. I agree to abide by the provisions of said documents. Signature: _____ Date: _____

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION

I agree to hold harmless Allure Property Management, Inc., AVS, and all providers of information on the prospective owner/ tenant's stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy, maybe affected.

I do hereby authorize with my (our) signature(s) the release of public records, credit report, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Allure Property Management, Inc., AVS, and all its members now and in the future for exclusive use of Ashton Pointe Homeowners Association, Inc.

Signature: _____ Date: _____

Signature: _____ Date: _____

Owner Name: _____

Co-Owner: _____

Address: _____

Phone: _____

Date of Background Check By Provider: _____ Initials: _____

Comments: _____

Signature: _____

Title: _____ Date: _____

Return Application and Fee to:

Ashton Pointe HOA
c/o Allure Property Management, Inc.
9040 Town Center Pkwy., Lakewood Ranch, FL 34202