

Bee Ridge Medical Center Condominium Association
c/o Allure Property Management, Inc.
9040 Town Center Parkway
Lakewood Ranch, Florida 34202

Application for Approval of Lease

The undersigned proposes to lease Bee Ridge Medical Center Condominium Association Unit No. _____
to _____ for the period _____ to _____
_____. A copy of the proposed lease is attached to this application.

Date

Owner Signature

Tenants Statement

Applicant

Co-Applciant

Name: _____
Address: _____
City/State/Zip: _____
Local Phone: _____
DOB: _____
Driver's Lic. #: _____

Name: _____
Address: _____
City/State/Zip: _____
Local Phone: _____
DOB: _____
Driver's Lic. #: _____

Personal Reference: _____

Phone Number: _____

Personal Reference: _____

Phone Number: _____

Business Reference: _____

Phone Number: _____

Business Reference: _____

Phone Number: _____

Please state the intended use of the unit _____
_____.

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

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1. Has any proposed tenant ever been convicted of a felony or a sex-related crime? _____

2. Has any proposed tenant ever been convicted of any crime involving violence to persons or property?

Name of Real Estate Co. / Leasing Agency: (if any) _____ Phone: _____

I have received and read a copy of the Declaration of Condominium, the Articles of Incorporation, the Bylaws, Rules and Regulations and General Information, and the Frequently Asked Questions and Answer Sheet of Bee Ridge Medical Center Condominium Association and understand my responsibilities as a lessee. I agree to abide by the provisions of said documents.

Date Signed: _____

Signature of Applicant for Lease

Telephone Number

Bee Ridge Medical Center Condominium Association
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AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS,
RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION.

This application must be received 30 days prior to the first day of occupancy under the lease.

I do hereby authorize with my (our) signature(s) the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Bee Ridge Medical Center Condominium Association Inc. and all its members now and in the future.

I agree to hold harmless Bee Ridge Medical Center Condominium Association, Inc. Board of Directors, and all providers of information on the prospective tenant(s) stated above. In the event that the information provided by me (us) is found to be misleading and/or false my acceptance for this rental, or lease, whether determination is made before or after my date of occupancy, may be affected.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Action of Board of Directors:

- Approved
- Disapproved

Date: _____

Director or Authorized Agent: _____