

Condominium Owners' Association, Inc.

LEASE/RENT APPLICATION

PLEASE ALLOW 15 BUSINESS DAYS FOR APPROVAL OF APPLICATION

Address of Unit for Lease:		
Name of Tenant/s: Email and Telephone of Tenant:		
Number of Occupants:	Term of Lease: Start:	Stop:
# of Pets, Type, Breed, Color:		
# of Vehicles, Make, Color and Lic	ense Tag:	
no more than 3 leases in a 12 month per any Assessments. If all Assessments a Leasing/renting a Unit shall promptly not such lease or rental. The sub-leasing or applicable to the leasing or renting there a substantially uniform form of lease or sprovide such form as a Common Expension prescreening of prospective tenants by a provided the occupancy is only by the less may be accommodated. The provisions Association and shall have all the use riguse generally by Unit Owners, and the Linhowever, interfere with access rights of a of this lease/rental are to be paid by the unit of the second sec	riod shall be permitted. No owner may lear paid up to date, a Unit Owner may regify the Association and any Management resub-renting of a unit owner's interest seed. The Association shall have the right sub-lease be used by all Unit Owners in see. In addition, the Association has the adopting objectives criteria for such revisee, his family, and guests; no individual of this Declarations, Articles By-law's, a ghts in the Association Property and Connit Owners of Leased Unit shall not have Unit Owner as landlord pursuant to appli	-
UNIT OWNER NAME (PRINT)	UNIT OWNE	ED SIGNATURE
		ER SIGNATURE
APPLICANT NAME (PRINT)	APPLICANT	SIGNATURE
APPLICANT NAME (PRINT) APPLICANT NAME (PRINT)		

Rules and Documents

AO 04-28-22 rev2