



US HWY 19 N, Suite 102, Clearwater, FL 33763

Phone: 727-726-8000

SALE/LEASE APPLICATION FORM

Address# _____ **OWNER** _____ **DATE** _____

Instructions:

This form must be completed and returned to the Manager at least 14 days prior to sale/lease date together with a copy of the sale contract/lease, and a copy of Applicant's driver's license.

PROPOSED CLOSING DATE: _____

LEASE DATE FROM: _____ TO _____

APPLICANT NAME(S) _____

SOCIAL SECURITY #(S) _____

DATES OF BIRTH _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

NAMES AND AGES OF ALL OTHER PERSONS TO OCCUPY UNIT DURING LEASE PERIOD:

NAME _____ AGE _____ NAME _____ AGE _____

NAME _____ AGE _____ NAME _____ AGE _____

VEHICLE 1: MAKE/YEAR _____ TAG # _____ STATE _____

VEHICLE 2: MAKE/YEAR _____ TAG # _____ STATE _____

IN CASE OF EMERGENCY NOTIFY _____ PHONE _____

The Association and its Board of Directors and the Manager shall be held harmless from any and all actions and claims by Applicant in connection with the use of the information contained herein. Applicant acknowledges and agrees that the owner or his or her tenants are bound by the Declaration, the Association's Articles of Incorporation, By-Laws, Rules and Regulations, and Chapter 720 of the Florida Statutes. Applicant acknowledges and understands that acceptance for sale/lease of the unit is conditioned upon the truth and accuracy of this application and upon the approval of the Association. Any misrepresentation or falsification of information on this application will result in the automatic rejection of this application. I also understand that I will remain responsible for any damage caused to Association property by the proposed renter(s), their family members and guests, as well as any and all violations of the Association's governing documents on part of the proposed renter(s), their children and guests.

*Resident's vehicles may not be parked on Whispering Way during the hours of 1:00am and 8:00am and Towing may occur *

APPLICANT SIGNATURE

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