

# The Landings of Tampa

## Application to Lease

All parts of this form must be completed. If this application is not legible or is not completely and accurately filled out, the Association or their agent will not be liable or responsible for any inaccurate information in the investigation and related report to the Association caused by such omissions or illegibility. By signing below, the Applicant(s) recognize(s) that the Association or their agent may investigate the information supplied by the Applicant(s) and a full disclosure of pertinent facts may be made to the Association. The investigation may be made of the Applicant(s)' character, general reputation, personal characteristics, mode of living, and criminal background, as applicable. Type or print in black ink only. Furnish this application, a copy of the applicant's driver's license and screening fee of \$50.00, to the Board. All financial matters of the owner(s) with the Association (including maintenance fees, assessments, late fees, etc.) must be current in order for this application to be processed. This application must be submitted at least fourteen (14) days prior to the personal interview conducted by the Association.

Street Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ENTER NAME OF ALL OCCUPANTS:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ (day) \_\_\_\_\_ (evening) Social Security No. N/A Driver's License No. \_\_\_\_\_

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ (day) \_\_\_\_\_ (evening) Social Security No. N/A Driver's License No. \_\_\_\_\_

Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ (day) \_\_\_\_\_ (evening) Social Security No. N/A Driver's License No. \_\_\_\_\_

Other \_\_\_\_\_ Date of Birth \_\_\_\_\_

Telephone No. \_\_\_\_\_ (day) \_\_\_\_\_ (evening) Social Security No. N/A Driver's License No. \_\_\_\_\_

**LIST EMPLOYER FOR PAST THREE YEARS, or if RETIRED, LIST PAST EMPLOYERS**

Present Employer \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_ Date Began \_\_\_\_\_ Monthly Income \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_ Date Began \_\_\_\_\_ Monthly Income \_\_\_\_\_

Prior Employer \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
 City/State \_\_\_\_\_ Phone \_\_\_\_\_ Date Began \_\_\_\_\_ Monthly Income \_\_\_\_\_

**SPOUSE'S EMPLOYER \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_

**PLEASE BE SURE TO COMPLETE THE REVERSE SIDE OF THIS APPLICATION**

**IN MAKING THE FOREGOING APPLICATION, I/WE ARE AWARE THAT THE DECISION OF THE ASSOCIATION WILL BE FINAL AND NO REASON WILL BE GIVEN FOR ANY ACTION TAKEN BY THE BOARD. I/WE AGREE TO BE GOVERNED BY THE DETERMINATION OF THE BOARD OF DIRECTORS.** I/We understand the I/we must attend an interview conducted by at least two Board Members. By our/my execution below, I/we acknowledge receipt of a copy of the Declarations, and Rules and Regulations of the Association; I/we further acknowledge that these Declarations, and Rules and Regulations have been read by me/us; and I/we agree, upon approval of my/our application, to abide by said Declarations, Rules and Regulations, and understand these Rules and Regulation may be amended. I/we understand that the Association shall have the right to proceed directly against any person or persons who violates any of the provisions of the Association's Declarations, and/or the Rules and Regulations. I/we agree that a copy of the executed agreement (lease) will be furnished to the Association.

**APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **CO-APPLICANT:** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR USE BY ASSOCIATION ONLY:**

**Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_ **Director:** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_ **Director:** \_\_\_\_\_ **Date** \_\_\_\_\_