

AZALEA WOODS CONDOMINIUM ASSOCIATION, INC.

APPROVAL REQUEST FOR LEASE

SPECIAL NOTE: This Approval Request for Lease must be in the possession of the Management Company fifteen (15) days prior to the leasing date: **A COPY OF THE LEASE AGREEMENT MUST ALSO ACCOMPANY THIS REQUEST ALONG WITH A NON -REFUNDABLE \$100.00 APPLICATION FEE MADE PAYABLE TO THE ASSOCIATION.**

Applicant must read Rules & Regulations and Condominium/Homeowner Documents before leasing. The Landlord should supply them to the Tenant to read at the time of contract acceptance. If the Landlord does not have a copy, they may be purchased through the Management Company or is available on the Association website, azaleawoods.net. Please send all information within the 15 day time period to the office of;

Ameri-Tech Community Management, Inc.

24701 US 19 North, Suite 102

Clearwater, FL 33763

DATE: _____

FROM: _____ TO: _____

LANDLORD

TENANT

ADDRESS: _____ UNIT: _____

LENGTH OF LEASE: (FROM) _____ (TO) _____

Applicants may not move in until they have been approved.

Per Azalea Wood's By-Laws the unit cannot be leased for a period of two (2) years after purchase, at which time purchaser agrees to apply the Board of Directors with a lease packet which can be obtained through Ameri-Tech Community Management, Inc.

Tenant(s) represent that the following information is true and correct, and consent to further inquiry and investigation concerning this information or any information that comes from that inquiry that is necessary for approval of this request. **Criminal background checks are done on all applicants. Please sign in the space below to grant permission.**

(2)

Persons who will occupy the above unit are as follows:

NAME: _____
SIGNATURE PLEASE PRINT NAME

SOC.SEC# _____ DATE OF BIRTH: _____
DRIVERS LICENSE #: _____ STATE: _____

NAME: _____
SIGNATURE PLEASE PRINT NAME

SOC.SEC# _____ DATE OF BIRTH: _____
DRIVERS LICENSE#: _____ STATE: _____

IF ADDITIONAL PEOPLE WILL OCCUPY UNIT, ATTACH A SEPARATE SHEET AS AN ADDENDUM.

PRESENT ADDRESS _____

PRESENT PHONE _____ ALT PHONE _____

EMAIL ADDRESS _____

EMPLOYER(S) NAME/ADDRESS:

TWO REFERENCES NAME/ADDRESS:

(3)

VEHICLE MAKE/MODEL: _____ TAG #: _____

VEHICLE MAKE/MODEL: _____ TAG #: _____

NO MORE THAN 2 VEHICLES PER UNIT

NO PETS: Tenant(s) state that a copy of Azalea Woods Rules and Regulations have been received, read, understood and agree to abide by all the conditions and terms therein and all rules and regulations enacted hereafter officially by the Association.

COPY OF LEASE ATTACHED: YES _____ NO _____

FEE PAID OF \$100.00: YES _____ NO _____

PHOTO COPY OF DRIVERS LICENSE ATTACHED: YES _____ NO _____

LANDLORD **TENANT**

LANDLORD **TENANT**

**MAIL COMPLETED APPLICATION AND EXECUTED LEASE TO:
AMERI-TECH COMMUNITY MANAGEMENT, INC.
24701 US HIGHWAY 19 NORTH, SUITE 102
CLEARWATER, FL 33763**

Interview/Approved by: _____ **Date:** _____

Interview/Approved by: _____ **Date:** _____