

**St. Andrews Condominium Association
Application for Lease of Condominium**

(\$50 Processing Fee required made payable to St. Andrews Condo Association)

Please mail the application package to:

**Management & Associates
720 Brooker Creek Blvd. #206
Oldsmar, FL 34677
813-433-2000 Fax: 813-433-2040**

Owner(s) Name: _____

Unit Address: _____

Phone Number: () _____ Email address: _____

Lessee Name: _____

Phone Number: () _____ Email address: _____

List members of family that will occupy the unit:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Address: _____

City: _____ State: _____ Zip: _____

Automobiles:

Make/Model: _____ Year: _____

Make/Model: _____ Year: _____

The following pet will occupy the unit:

Type: _____ Weight _____ (under 25 lbs. at maturity)

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Prior Residences' Addresses

1) _____

2) _____

Employer Name: _____

Address: _____

Phone: () _____

References Name/Address/Phone #:

1) _____

2) _____

3) _____

Term of Lease: _____ Commencing: _____ Expire Date: _____

Rental Co.: _____ Agents Name: _____

Rental Co. Address: _____ Phone: () _____

Please indicate if you have received and read a copy of the Association's Rules & Regulations

Yes _____ No _____

PLEASE PROVIDE COPY OF LEASE CONTRACT

OWNERS OR AUTHORIZED AGENTS SIGNATURE DATE

BOARD OF DIRECTOR SIGNATURE TITLE DATE

PROCESSING FEE PAID: (Y / N) AMOUNT \$ _____ DATE: _____