Parkside Condominium Association, Inc. C/O SAK & Associates Mgmt, Inc. 12901 McGregor Blvd, Ste 20-216 Ft. Myers, Fl 33919

APPLICATION FOR ANNUAL, SEASONAL RENTAL/ LEASE

| The undersigned submits this application for approval of the Board of Directors to rent/lease Unit #, Parkside Condominium Association, and states that the following information is true and correct (any intentional misrepresentation shall be a basis for automatic disapproval). Please allow TEN BUSINESS Days for approval of this application from the date noted in the signature line. ***Please include an EXECUTED copy of the lease. | | | | |
|---|--|---------------------------------|---------------|--|
| Name of Current Owne | r: | | | |
| Name of Prospective To | enant: | | | |
| DOB: | | SSN: | | |
| Term of Lease: | to | | | |
| Permanent Mailing Add | dress: | | | |
| Phone: | Cell: | Email: | | |
| Name(s) of Other Occu | pants: | | | |
| DOB: | | SSN: | | |
| Have any of the above | occupants resided in Par | kside as a renter/ guest?Y | N | |
| Please list your vehicle | information below, Plea | ase note Commercial Vehicles ar | e Prohibited. | |
| Vehicle 1:(Make/ | / Model/ Color/ Tag#) | | | |
| Vehicle 2:(Make/ | Model/ Color/ Tag#) | | | |
| Please list 3 references, (please include address | other than immediate fa and telephone number) | nmily below: | | |
| 1 | | | | |
| 2 | | | | |
| _ | | | | |

| Emergency Contact: | |
|---|--|
| Name: | Phone: |
| Name: | Phone: |
| that govern the association. The such documentation, and I/V | ne Declaration of Condominium, By-Laws, Rules and Regulations herefore, I/ We as owners have provided/ advised our tenants of We, as occupants are aware of and do agree to follow the s and Regulations and have received a copy of each. |
| Owners Signature: | Date: |
| Primary Applicants Signature: | |
| Please Print: | Date: |
| Co- Applicants Signature: | |
| Please Print: | Date: |
| | |
| The Board of Directors and Pathe above noted unit. | arkside Condominium Association, Inc agrees to the rental/lease of |
| Directors | |
| Signature: | Date: |
| Please return this applicatio | on to: |
| Parkside Condominium Ass C/O SAK & Associates Mgn 12901 McGregor Blvd, Ste 2 Ft. Myers, Fl 33919 | nt, Inc |

If you should have any questions regarding this application or Parkside Condominium Association Inc., please contact our office: 239-645-0830.

***There will also be a \$50 fee per applicant for a background check for ANNUAL RENTERS. Please make your check payable to Parkside Place COA.