

Application for Proposed Lessee

NOTE: This application may not be considered unless filled in completely and submitted to Huntington Ridge Town Home Association, Inc. at least one week prior to occupancy. Application and fee must be returned to Huntington Ridge Town Home Association, c/o Communities of America, P.O. Box 2606, Valrico, FL 33595.

REQUIREMENTS:

- Return Application and Contract/Lease & \$35.00 application fee payable to Communities of America, Inc.:
- Name of Lessee: _____ Phone: _____ Email: _____
- Name of Owner: _____ Phone: _____ Email: _____
- Property Address: _____

Application Date: _____ Lease Period: _____ to _____
(Must be for period of at least six months, non-assignable except at the end of a six month term)

Lessee Name: _____
Spouse: _____

Name of Other Occupants Not Listed Above:

1. _____
 2. _____
- (use back of form for any additional)

Current Address: _____ How Long? _____
City/State/Zip: _____
Previous Address: _____ How Long? _____
City/State/Zip: _____

Landlord Name on Previous Address: _____ Phone: _____

Vehicle Make: _____ Model: _____ Year _____ Tag # _____ State _____
Vehicle Make: _____ Model: _____ Year _____ Tag # _____ State _____

***** No Commercial trucks or vehicles, RV's, boats or trailers AS DEFINED IN THE DOCUMENTS, ARE ALLOWED ON THE PROPERTY EXCEPT WITHIN CLOSED GARAGES**

Pet(s): Dog/Cat Breed: _____ Other: (Specify Type) _____ Weight: _____ lbs
Dog/Cat Breed: _____ Other: (Specify Type) _____ Weight: _____ lbs

*****No more than two animals (dogs or cats) permitted.**

EMPLOYMENT INFORMATION:

Current Employer: _____ How Long? _____

Employer's Address: _____ Phone #: _____

Spouse Employer: _____ How Long? _____

Employer's Address: _____ Phone #: _____

In Case of Emergency, please contact:

Name: _____ Phone#: _____

Name: _____ Phone#: _____

By signing the form below, the applicant(s) (1) acknowledges receipt of a copy of Association Documents from the Owner and (2) they agree to abide by the covenants of the Association. It is the sole responsibility of the UNIT OWNER to provide updates and regulations to the tenant. Heads of Households and all adult Lessees **MUST SIGN THIS FORM OR IT IS INVALID.**

Applicant #1 Signature Date

Applicant #2 Signature Date

Applicant #3 Signature Date

Signature of Lessee(s) acknowledges that you have read, understand, and will abide by the Supplemental Declaration of Covenants, Conditions, Restrictions and Easements, and the "Rules and Regulations" and the requirements regarding Additional Persons and Single Family residence. **ONLY THE PERSONS LISTED ON THIS FORM MAY OCCUPY THE RESIDENCE AS PERMANENT RESIDENTS.**

----- *Owner to complete* -----

Check which applies:

Has a background check been completed on the applicant? Yes No

Has a credit check been completed on the applicant? Yes No

In Case of Emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____