

Cumberland Trace Property Owners Association

Application for Lease

Lease Minimum of 12 Months

Note: *Application must be submitted 21 days prior to occupancy for Board approval*

A background check is required of all applicants.

\$100.00 APPLICATION FEE PAYABLE TO CUMBERLAND TRACE POA

COPY OF ID TO BE PROVIDED FOR ALL APPLICANTS OVER THE AGE OF 18 YEARS OLD WITH COMPLETED SIGNED BACKGROUND CHECK FORM

PLEASE PRINT CLEARLY

Property Address to be Leased: _____ Lease Date: From _____ To _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Home Tele #: _____ Cell/Work Tele: _____

Personal Data of Lessee: Names:

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Home Telephone: _____ Cell/Work: _____

Employment: NAME AND ADDRESS: _____

Other Adults To Live in Unit:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Children To Live in Unit:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

If you have previously resided at Cumberland Trace, please list address:

Pet Information: ANIMAL ARE LIMITED TO 1 DOG UNDER 20 POUNDS AND A MAXIMUM OF 2 CATS

Type of Animal: _____ Breed: _____ Weight: _____
Type of Animal: _____ Breed: _____ Weight: _____

Vehicle Information:

Tag#: _____ Make/Model: _____ Year: _____
Tag#: _____ Make/Model: _____ Year: _____

(No boats, trailers, campers, commercial vehicles, buses, motor homes, or mobile homes are permitted on property)

Lease Data: There is a minimum written lease of twelve (12) months. The lease is to be written for the entire unit and not just a portion thereof.

Realtor: _____ Telephone: _____
Address: _____

A copy of the lease agreement MUST be attached to this application.

Documents and Agreement (A background check is required of all applicants)

Lessee: I understand that Cumberland Trace HOA is a deed-restricted community and I agree to abide by its documents Rules and Regulations.

Signature: _____

Signature: _____

I have received ____ / have not ____ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

Gina Mistretta, LCAM
Ameri-Tech Community Management, Inc.
24701 US Highway 19 N, Suite 102
Clearwater, Ft 33763

Telephone: (727) 726-8000 Ext.505 FAX: (727) 873-7307 Email: gmistretta@ameritechmail.com

Name and Address of Homeowner or Real Estate Agent to whom Approved Application will be emailed:

Homeowner/Agent: _____

Email Address: _____

Telephone: _____

Application Approved By: _____ Date: _____

TENANT INFORMATION FORM

I / We _____
prospective tenant(s) for the property located at _____, Managed
By: _____ Owned By: _____

Hereby allow TENANT CHECK LLC and/or the property owner / manager to inquire into my / our credit file, criminal, and rental history as well as any other personal record, to obtain information for use of this application. I / we understand that in my / our credit file it will appear the TENANT CHECK LLC has made an inquiry. I / we cannot claim any invasion of privacy or any other claim that may arise against TENANT CHECK LLC now or in the future.

PLEASE PRINT CLEARLY

TENANT INFORMATION:

SINGLE ___ MARRIED ___

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____
FOR HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____
FOR HOW LONG: _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

SPOUSE / ROOMATE:

SINGLE ___ MARRIED ___

SOCIAL SECURITY #: _____

FULL NAME: _____

DATE OF BIRTH: _____

DRIVER LICENSE #: _____

CURRENT ADDRESS: _____
FOR HOW LONG? _____

LANDLORD & PHONE: _____

PREVIOUS ADDRESS: _____
FOR HOW LONG: _____

EMPLOYER: _____

OCCUPATION: _____

GROSS MONTHLY INCOME: _____

LENGTH OF EMPLOYMENT: _____

WORK PHONE NUMBER: _____

HAVE YOU EVER BEEN ARRESTED?
(CIRCLE ONE) YES NO

HAVE YOU EVER BEEN EVICTED?
(CIRCLE ONE) YES NO

SIGNATURE: _____

PHONE NUMBER: _____

**CUMBERLAND TRACE PROPERTY OWNERS ASSOCIATION, INC.
LARGO, FLORIDA**

ADDENDUM TO LEASE AGREEMENT

1. **The Association and/or its authorized agent shall have the irrevocable right to have access to each unit from time to time during reasonable hours as may be necessary for inspection, maintenance, repair or replacement of any Common Element therein or accessible therefrom, or for making emergency repairs therein necessary to prevent damage to the Common Elements or another unit or units.**
2. **The Lessee agrees not to use the demised premises, or keep anything in the unit which will increase the insurance rates of the unit or interfere with the rights of other residents of the Association or any other residents by unreasonable noises or otherwise; nor shall Lessee commit or permit any nuisance, immoral or illegal act in his unit, or on the Common Elements.**
3. **The Lessee covenants to abide by the Rules and Regulations, and the terms and provisions of the Declaration, and By-Laws of the Association, and agrees to be bound by the rules and guidelines of the Association and any other rules which may become operative from time to time during said Leasehold.**
4. **Lessee agrees to abide by the Parking Regulations, and the Commercial Vehicle polices, which includes no work vehicles (trucks or vehicles with commercial writing or advertising) parked on the property, at any time. When more than one vehicle is registered to this unit, the garage and the driveway will be utilized. Guest parking will not be used by registered vehicles overnight.**
5. **Upon the Lessee's signature below, it is agreed and understood that the Association has the Right to terminate a lease, or non-renew a lease with 30 days notice, based on any violation of the above Association documents. This agreement includes any violation of the Pet Regulation.**

IN WITNESS WHEREOF, the parties hereto have agreed to all terms of this addendum on this _____ day of _____, 2017.

Signed in the presence of:

LESSEES:

Board Member

Board Member

CUMBERLAND TRACE POA
RENTAL UNIT INFORMATION

Unit Address: _____

OWNER INFORMATION

Owner Name(s): _____

Owner Mailing Address: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

MANAGEMENT COMPANY INFORMATION

Company Name: _____

Manager's Name: _____

Company's Address: _____

Email Address: _____ Phone #: _____

RENTER INFORMATION

Name(s) on the Lease: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Lease Term: _____ months

Lease Commencement: _____

Lease Expiration: _____

Names of all Individuals who will be residing in the Unit during the term of the Lease and their relation to Tenant:

Name (Please Indicate if Adult or Child)	Relation to Tenant

List the Make, Model, and License Plate Number of Tenant's Vehicles:

Make	Model	Color	Year	Plate Number	State

Does the Lease allow Pets? _____ Yes _____ No

If yes, list the type of pet and breed?

Dog or Cat	Breed

Was Tenant given an Access Key for the Pool and Clubhouse? ____ Yes ____ No

Please Sign and Date below (if form is completed by Management Company, Management Company my sign in place of Owner if authorized by Owner):

Owner Signature

Date

Co-Owner Signature (if applicable)

Date

THIS FORM MUST BE SUBMITTED WITH THE APPLICATION