

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 may 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