

# APPLICATION TO LEASE

## **BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.**

C/o Communiqué Association Management  
5824 Bee Ridge Rd. #413  
Sarasota, FL 34233

Phone (941) 706-0920 Email: [Maureen@communiquemgmt.com](mailto:Maureen@communiquemgmt.com)

This form must be filled out by proposed tenant(s) Mail or deliver application, lease contract and fees to: Communiqué Association Management and they will submit it to Barrington Woods Condominium Association, Inc. Board of Directors for approval. Under authority of F.S. 718, the Association has instituted a **\$100.00** non-refundable fee for the processing of the application for leases. Payment must accompany application. Please make check payable to Communiqué Management.

**Application will not be processed unless complete, fees paid and contract is attached.**

Unit Address \_\_\_\_\_ Owner's Name(s) \_\_\_\_\_

Rental from \_\_\_\_\_ to \_\_\_\_\_

### **Name of Proposed Tenant(s):**

#### **Tenant #1**

Name \_\_\_\_\_

Present address, \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

#### **Tenant #2**

Name \_\_\_\_\_

Present Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Other Persons Who Will Occupy This Unit With You.*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

Auto(s) You Will Keep On Premises

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ Tag \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Type \_\_\_\_\_ Tag \_\_\_\_\_ Color \_\_\_\_\_

Pets \_\_\_\_\_  
All pets must be leashed owner responsible for disposal of ALL excrement from all areas.

Pet: Yes\_ No \_\_ Type \_\_\_\_\_ Weight. \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_ Address, \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Water and Sewage (combined) bills are mailed monthly to Owners by National Exemption Service (NES). **Please refer to your lease for water/sewer responsibilities.**

NOTE: Unit may not be subleased. This application is not assignable. The Tenant(s) Agree that He/She/They:

- Have read the Condominium Rules & Regulations and will abide by same.
- Pay promptly any fines levied by the Association for damages caused by family or guests.
- Consent to make inquiry of the references provided
- Will refer to lease for responsibility on monthly water and sewage (combined) bill from National Exemption Service (NES)

Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

Renter Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

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**BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.**

*A Corporation Not-For-Profit*

*c/o* COMMUNIQUE ASSOCIATION MANAGEMENT, INC.

5824 Bee Ridge Rd #413

Sarasota, FL 34233

Office (941) 706-0920 Fax (941) 296-7496

"I hereby authorize Barrington Woods Condominium Association, Inc./Communique to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluation of my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, *and I or* any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release Barrington Woods Condominium Association, Inc./Communique and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnisher of such information, and understand that my application information may be provided to various local, state, and federal government agencies including without limitation, various law enforcement agencies."

Signature \_\_\_\_\_ Print \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_ Print \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Social Security Number (required) \_\_\_\_\_

Date \_\_\_\_\_