**APPLICATION TO LEASE**

**BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.**

C/o Communiqué Association Management

 5824 Bee Ridge Rd. #413

Sarasota, FL 34233

 (941) 706-0920 Fax (941) 296-7496 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. **PLEASE RETURN WITH A COPY OF THE LEASE AGREEMENT**.

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

 Unit Address Owner's Name(s)

Rental from

to

 **Name of Proposed Tenant(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/city/state/zip, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tenant #2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Email Address, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Persons Who Will Occupy This Unit With You.*

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 Policy: Amendment 1995: allow any animal to be kept in the unit other than cats, dogs which **at all times weigh under 30 pounds**, or small birds or fish. Dogs and cats must be kept om leashes when not confined inside a unit. The unit owner will be responsible for cleaning up excrement deposited by any pet as soon as practicable.

 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. Please review your lease contract for water billing 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

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

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

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

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**BARRINGTON WOODS CONDOMINIUM ASSOCIATION, INC.**

A *Corporation Not-For-Profit*

*clo* COMMUNIQUÉ ASSOCIATION MANAGEMENT, INC.

 5824 Bee Ridge Rd #413

Sarasota, FL 34233

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

"1 hereby authorize Barrington Woods Condominium Association, Inc./Communiqué 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./Communiqué 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

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 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_