

Application for Lease  
Oaks of Country Club Association, Inc.

(Please Print) Complete all Questions and fill in all blanks. Processing Fee \$100 (non-refundable)

Date: \_\_\_\_\_ Bldg.# \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Owner's Name \_\_\_\_\_

**Dates of Tenancy: From:** \_\_\_\_\_ **to** \_\_\_\_\_

**Lessee Name:** \_\_\_\_\_ **Lessee Name:** \_\_\_\_\_

Drivers Lic # & State: \_\_\_\_\_ Drivers Lic # & State: \_\_\_\_\_

SS number: \_\_\_\_\_ SS number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Other Persons occupying unit:**

Name:	Relationship	Occupation or school

**Present Address:** Street \_\_\_\_\_, Apt or Unit No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ How long: \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Tenant Employment:**

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Phone # \_\_\_\_\_

**Spouse or Other Tenant Employer:**

Company: \_\_\_\_\_ Position: \_\_\_\_\_ Phone # \_\_\_\_\_

**Pets:**

Species: \_\_\_\_\_ Breed: \_\_\_\_\_ Color \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_

**Vehicles:** (One parking space per unit-See Rules and Regulations for additional parking)

Make: \_\_\_\_\_ Model/Yr: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

Make: \_\_\_\_\_ Model/Yr: \_\_\_\_\_ Color: \_\_\_\_\_ Tag: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

**Background statements for all who will reside in unit :**

Has anyone been convicted of a Felony: Yes [ ] No [ ] Evicted: Yes [ ] No [ ] Initials \_\_\_\_\_

Details if answer is "yes": \_\_\_\_\_

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Date: \_\_\_\_\_ Unit # \_\_\_\_\_ Unit Owner's Name \_\_\_\_\_

Lessee Name: \_\_\_\_\_ Lessee Name: \_\_\_\_\_

**Regulations:**

I have [ ] received a copy of the Oaks of Country Club *Rules and Regs.* Initials: \_\_\_\_\_

***Restrictions:***

Lessee agrees to allow Association to run a nationwide background check. Initials: \_\_\_\_\_

Lessee agrees that no vehicles with oil or fluid leaks will be parked on the condominium property. Any repairs or clean-ups will be billed to the tenant and owner. Initials: \_\_\_\_\_

Lessee agrees to limit occupancy to residential use for those people listed on this form, and short time guests only. Initials: \_\_\_\_\_

Lessee agrees to abide by all rules, regulations, restrictions and covenants of the Condominium. Initials: \_\_\_\_\_

Lessee agrees that if any person not listed on this form moves in (marriage, roommate, family member, etc) they will be required to fill out another "Application to Lease" form and pay the application fee to have a background check done. Initials: \_\_\_\_\_

**If this application is not legible or not accurately filled out, the Condominium Association will not be liable or responsible for any inaccurate information in the investigation and related report (to the Association) caused by such omissions or illegibility.**

**By signing, the applicant recognizes approves of background screening and that the Association may investigate the information supplied by the applicant and a full disclosure of pertinent facts may be made to the Association.**

Signature (Owner or Representative): \_\_\_\_\_ Date: \_\_\_\_\_

Signature Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Lessee: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION FOR ASSOCIATION USE ONLY**

Copy of Lease Received: Yes [ ] No [ ] \$100 Processing fee received: Yes [ ] No [ ] Check No: \_\_\_\_

Background received by: \_\_\_\_\_ & Emailed to the Board on: \_\_\_\_\_

Owner notified of status on (Date): \_\_\_\_\_.

COMMENTS BY THE BOARD OF DIRECTORS: \_\_\_\_\_

**Unit owner's responsibility:** The Unit Owner is responsible for enforcing all use restrictions, violations and misconduct on the part of the Tenants and the lessee shall look to the lessor to resolve any issues that may arrive. The Lessor should provide a clear understanding as to any property management responsibilities either in the lease language or pre-move-in indoctrination.