

Isles of Sarasota Homeowners Association, Inc.
5901 Benevento Drive
Sarasota, Fl. 34238
Ph: 941-922-1298 Fax: 941-922-1501

APPLICATION TO LEASE

TO: The Board of Directors, Isles of Sarasota Homeowners Association, Inc.

I hereby apply for intent to lease the following unit in Isles of Sarasota H.O.A. :

I understand that that the documents governing the Association require that I lease the above unit for a period greater than or equal to four (4) months.

The lease period is as follows:

Lease commencement date: _____

Lease termination date: _____

FEES:

Application Fee of \$50.00 payable to Isles of Sarasota Homeowners Association, Inc.

To facilitate consideration of this application, I represent that the following information is factual and correct.

**Unit Owner
Information:**

Name(s): _____

Address(es): _____

Home phone(s): _____

Work phone(s): _____

Cell phone(s): _____

E-mail address(es): _____

Emergency

Contact: _____

Lessee

Information:

Name(s): _____

Home phone(s): _____

Work phone(s): _____

Cell phone(s): _____

E-mail address(es): _____

Emergency

Contact: _____

Isles of Sarasota Homeowners Association, Inc.

APPLICATION TO LEASE (Continued)

The Homeowners Documents governing Isles of Sarasota require that all dwelling units be used for the sole purpose of single-family residences. Accordingly, please identify the following information regarding all other persons who will be occupying the unit with the lessee:

Name	Relationship to Lessee	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Lessee Automobile Information:

Make	Model	Year	Color	License Tag #	License State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Mailing address for notices connected with this application:

Name(s): _____
Address(es): _____

I have read and agree to abide by the Declaration and By-Laws governing Isles of Sarasota H.O.A. as well as all Rules and Regulations of The Isles of Sarasota Homeowners Association.

_____	_____
Lessee Signature	Lessor Signature
_____	_____
Lessee Name (Print)	Lessor Name (Print)
_____	_____
Date	Date

NOTE: Please return this from and a copy of the lease to the Property Manager