[ASSOCIATION NAME]

[STREET ADDRESS]
[CITY], Florida [ZIP]
Phone [PHONE] Email [EMAIL]

LEASE AND TENANT APPLICATION

RETURN TO: [ASSOCIATION OFFICE OR MANAGEMENT AGENT]
DEADLINE: [DEADLINE]
QUESTIONS: [CONTACT NAME AND PHONE]

The association will respond within [RESPONSE DAYS] days of receiving a complete packet. An incomplete packet is returned unreviewed and is not placed on the meeting agenda. Do not take occupancy before the association approves this application in writing.

Section 1. Submission checklist

Read this page before completing anything else. Send everything together. The association reviews the packet, not the documents one at a time as they arrive. Your packet is complete when all of the following are enclosed.

____ This application, every section completed
____ A signed screening authorization for each occupant 18 or older, one page per adult, section 12
____ A copy of government-issued photo identification for each occupant 18 or older
____ A signed copy of the lease, signed by the owner and by every adult tenant
____ The rules and regulations acknowledgment, signed, section 13
____ The owner certification, signed by the record owner, section 14
____ The applicant certification, signed, section 15
____ Payment as set out in section 2C. A renewal with the same tenant carries no fee.
____ Proof of current rabies vaccination and county license for each dog, if any, section 9
____ A photograph and registration for each vehicle, section 8

Section 2. Property, owner and lease

2A. The property

Address of the unit or parcel: _____
Unit, lot or building number: _____
Association account or folio number, if known: _____

2B. The record owner

Owner name or names, exactly as titled: _____
Owner mailing address, if different from the property: _____
Owner phone: _____ Owner email: _____
Date the owner acquired title: _____
Is the owner current on all assessments and other money owed to the association? Yes ___ No ___
Owner’s agent or realtor, if any: _____ Phone: _____
Tenant’s agent or realtor, if any: _____ Phone: _____

The date of acquisition is not administrative trivia. It decides which rental restrictions apply to this owner, and the association checks it before it acts on this application.

2C. The lease and the fee

Type: New tenancy ___ Renewal with the same tenant ___ Seasonal ___ Sublease ___ Assignment ___
Lease term: from _____ to _____
Monthly rent: $_____
Is this a renewal with the same tenant named in the prior lease? Yes ___ No ___

No fee is due on a renewal with the same tenant. If you answered yes above, write “renewal, no fee” on the total line and go to section 3.

For fee purposes, a married couple counts as one applicant, and a parent or parents together with their dependent children count as one applicant. Every other adult counts separately. This affects what you pay. It does not change who must be listed in section 4, who must sign a screening authorization, or who must provide identification.

Fee per applicant: $[FEE PER APPLICANT]
Number of applicants, counted under the rule above: _____
Total due: $_____
Make payment to: [PAYEE]
Second payee and amount, if the association splits the payment: [SECOND PAYEE AND AMOUNT, OR “NONE”]

Every charge for approving this lease counts toward the total above, whoever the check is written to.

Section 3. Applicants

An applicant is every adult who will sign the lease or live in the home as a resident. Everyone named here must sign a screening authorization and provide identification, whatever the fee count in section 2C came to.

Applicant 1

Full legal name: _____
Any other names used, including maiden name, or none: _____
Date of birth: _____
Phone: _____ Email: _____
Current address: _____
Relationship to applicant 2, if any: _____
Photo ID: type _____ number _____ issuing state _____
Social Security number, optional, used only for the screening report and destroyed afterward: _____

Applicant 2

Full legal name: _____
Any other names used, including maiden name, or none: _____
Date of birth: _____
Phone: _____ Email: _____
Current address: _____

Relationship to applicant 1: _____
Photo ID: type _____ number _____ issuing state _____
Social Security number, optional, used only for the screening report and destroyed afterward: _____

Attach a sheet for any additional adult applicant.

Section 4. Occupant roster

List every person who will live in the home, including children and including the applicants named above. The association uses this roster for emergency access, amenity access and occupancy limits. Write yes or no in the Adult column for each person.

Full name	Age	Relationship	Adult

Total occupants: _____ Adults: _____ Minors: _____

Occupancy limit for this home under the governing documents or applicable code, if one is stated: _____

Anyone not listed here who later moves in must be added by written notice to the association before occupancy.

Section 5. Residence history

Give the last three years. If you owned rather than rented, give the mortgage servicer instead of a landlord.

Current residence

Address: _____
Dates: from _____ to _____
Rented ___ Owned ___
Landlord or servicer: _____ Phone: _____
Monthly payment: $_____
Reason for leaving: _____

Prior residence

Address: _____
Dates: from _____ to _____
Rented ___ Owned ___
Landlord or servicer: _____ Phone: _____
Monthly payment: $_____
Reason for leaving: _____

Section 6. Employment and income

Applicant 1

Employer: _____
Position: _____ Length of employment: _____
Supervisor or human resources contact and direct phone: _____
Employer address: _____

Applicant 2

Employer: _____
Position: _____ Length of employment: _____
Supervisor or human resources contact and direct phone: _____
Employer address: _____

If you are retired, self-employed, a student or not currently employed, describe the source of the funds that will pay the rent: _____

The association does not require pay stubs or bank statements with this packet. The screening report and the landlord reference carry this section. Provide documentation only if the association asks you for it in writing.

Section 7. References

Two references who are not related to you and are not your current landlord.

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____

Section 8. Vehicles

List every vehicle that will be parked at the property, including a vehicle belonging to an occupant who is not an applicant.

Year	Make	Model	Color	Plate	State	Registered owner

Year	Make	Model	Color	Plate	State	Registered owner

Assigned space or garage, if applicable: _____
Parking decal or access device number issued: _____

Boats, trailers, recreational vehicles and commercial motor vehicles are governed by the parking rules. Ask the association before bringing one.

Section 9. Pets and assistance animals

No animal will live in or regularly visit the home. Sign here and skip the rest of this section: _____

Otherwise, complete a block for each animal.

Animal 1

Type: _____ Breed: _____ Name: _____
Age: _____ Weight: _____ Color: _____
Spayed or neutered? Yes ___ No ___
Rabies vaccination expires: _____

Animal 2

Type: _____ Breed: _____ Name: _____
Age: _____ Weight: _____ Color: _____
Spayed or neutered? Yes ___ No ___
Rabies vaccination expires: _____

Attach a sheet for any additional animal. Attach for each dog: proof of current rabies vaccination, the current county license, and a photograph.

A service animal or an emotional support animal is not a pet. The pet rules, breed limits and weight limits do not apply to it, and no pet fee or pet deposit applies to it. If you need an accommodation for a disability, check the line below and the association will send you its request procedure. The association will not ask you about the nature or severity of a disability.

____ I am requesting a reasonable accommodation for an assistance animal.

Section 10. Emergency contact

Someone who does not live with you and can be reached if the association cannot reach you.

Name: _____ Relationship: _____
Phone: _____ Alternate phone: _____
Email: _____
Address: _____
Is this person authorized to enter the home in an emergency? Yes ___ No ___

Section 11. Disclosure questions

A “yes” answer is not automatically disqualifying. The association considers the circumstances, how long ago the matter occurred, and whether it bears on your tenancy here. It does not apply an automatic bar. If you answer yes, attach a short written explanation.

1. In the last seven years, have you been evicted, or has a landlord filed an eviction action against you that resulted in a judgment or a court-approved settlement? Yes ___ No ___
2. In the last seven years, have you been convicted of, or pleaded guilty or no contest to, a criminal offense involving violence against a person, arson, or the manufacture or sale of a controlled substance? Yes ___ No ___
3. Are you currently required to register as a sex offender or sexual predator in any state? Yes ___ No ___
4. In the last three years, has a community association denied your application, terminated your tenancy, or brought an enforcement action against you? Yes ___ No ___

Explanation, or write none: _____

Section 12. Screening authorization

Make a copy of this page. One signed page for each occupant 18 or older.
Do not put two people on one page.

Property: _____ Unit: _____

I authorize [ASSOCIATION NAME] and its screening agent to obtain a consumer report about me for the purpose of evaluating this lease application. That report may include credit history, criminal record history, eviction and civil court records, and verification of the employment and residence history I provided.

I authorize the people and companies I named as employers, landlords and references to release information about me to the association and its screening agent for this purpose.

I understand that:

1. I have the right to know whether a consumer report was requested and the name and address of the agency that supplied it.
2. If the association takes adverse action based in whole or in part on a consumer report, I am entitled to a copy of that report and a statement of my rights under the Fair Credit Reporting Act.
3. I may dispute the accuracy of anything in the report directly with the reporting agency.
4. This authorization applies to this application only.

Full legal name: _____
Other names used, or none: _____
Date of birth: _____
Social Security number, optional: _____
Photo ID: type _____ number _____ state _____
Current address: _____

Signature: _____ Date: _____

Section 13. Rules and regulations acknowledgment

Sign this separately from the application. It is the association's evidence that you received the rules before you moved in.

I have received and read the governing documents and rules of [ASSOCIATION NAME] provided to me with this packet:

Declaration ___ Bylaws ___ Articles of incorporation ___ Rules and regulations dated _____
Parking rules ___ Pet rules ___ Amenity rules ___ Move-in and delivery procedures ___
Other, or none: _____

I understand that:

1. I am bound by these documents for the entire term of my tenancy, in the same way the owner is, and I am responsible for the conduct of my household, my guests and my invitees.
2. The association may enforce these documents against me directly. It may suspend common area and amenity use rights and it may levy a fine.
3. Before any fine or suspension, the association must give me at least 14 days' written notice and an opportunity for a hearing before a committee of at least three people appointed by the board who are not officers, directors or employees of the association or their close relatives. If that committee does not approve the fine or suspension by majority vote, it may not be imposed.
4. If my landlord falls behind on money owed to the association, the association may demand in writing that I pay my rent directly to the association until the landlord's obligation is paid in full. Paying the association when it makes that demand protects me from eviction for nonpayment.
5. My right to live here comes from the lease and from the association's approval. If either ends, my right to occupy ends with it.

Applicant 1 signature: _____ Date: _____
Applicant 2 signature: _____ Date: _____

Section 14. Owner certification

Signed by the record owner. If the home is owned by a company or a trust, the person signing must state their authority.

I am the record owner of the property identified in section 2, or I am authorized to act for the owner. I certify that:

1. The owner information in section 2 is accurate, including the date I acquired title.
2. I have given the applicant a complete copy of the association's governing documents and current rules.
3. The lease submitted with this packet is the entire agreement between me and the applicant. There is no side agreement and no undisclosed occupant.
4. I remain responsible to the association for assessments, for compliance with the governing documents, and for the conduct of my tenant, guests and invitees. Leasing the property does not transfer that responsibility.
5. I am current on all money owed to the association, or I have disclosed any delinquency in section 2B.

6. I understand that if I become delinquent, the association may demand rent directly from my tenant, and that my tenant's payments to the association satisfy my tenant's rent obligation to me to that extent.
7. I will notify the association in writing when this tenancy ends, when it is renewed, and when any occupant changes.
8. I will not permit occupancy before the association has approved this application in writing.

Owner name: _____
Signing capacity, if not an individual owner: _____
Signature: _____ Date: _____

Section 15. Applicant certification

I certify that everything I have provided in this packet is true and complete. I understand that a material misstatement or omission is grounds for denial, and grounds for the association to revoke an approval already granted.

I understand that approval is required before I take occupancy, and that moving in before written approval is a violation, whatever the lease says about its start date. Approval covers the people listed on the occupant roster in section 4 and no one else. The association's approval does not make the association a party to my lease and does not make it my landlord. The association will keep this packet in its records and will handle the personal information in it in accordance with its records policy.

Applicant 1 signature: _____ Date: _____
Applicant 2 signature: _____ Date: _____

For Association Use Only

DO NOT SEND THIS PAGE TO THE APPLICANT

Receipt

Date packet received: _____ Received by: _____
Packet complete? Yes ___ No ___
If no, date returned: _____ Items missing: _____
Fee received: $_____ Payable to: _____ Instrument or reference: _____
____ Renewal with the same tenant, no fee due and none collected
Security deposit received, if the association takes one: $_____
Escrow account: _____ Deposited on: _____

An incomplete packet does not start the review window. Record the date the completed packet arrived, not the date the first page did.

Fee check

Chapter that governs this association: condominium ___ cooperative ___ homeowners' association ___
Ceiling per applicant: $_____
Applicant count under the household rule: _____
Maximum lawful total: $_____
Amount charged, all payees combined: $_____
Renewal with the same tenant? Yes, and $0 was charged ___ No ___
____ Charged total does not exceed the maximum
Verified by: _____ Date: _____

If the charged total exceeds the maximum, refund the difference before the application is heard. Do not carry the overage as a credit.

Screening

Screening agent: _____
Report ordered: _____ Report received: _____
Adults screened: _____ of _____ listed on the occupant roster
____ Every adult listed signed a separate authorization

Rental restriction check

Restriction relied on, if any: _____
Date the restriction was enacted or amended: _____
Owner's date of acquisition, from section 2B: _____
Does the restriction bind this owner? Yes ___ No ___
Basis: owner took title after the restriction ___ owner consented ___ restriction binds all owners ___ restriction does not bind this owner ___
Checked by: _____ Date: _____

Run this check before the vote, not after the denial.

Decision

Action date: _____
Decided by: board ___ screening committee ___ management under delegated authority stated at: _____

____ Approved, effective _____
____ Approved with conditions, stated below
____ Denied, reasons stated below
____ Incomplete and returned, not heard

Every condition must be capable of being satisfied and must be tied to a specific document provision.

Conditions, if any:

1. Condition: _____ Document provision relied on: _____
2. Condition: _____ Document provision relied on: _____

Reasons, if denied. Complete both columns for each reason. A denial recorded without both is not a usable record.

Provision relied on, with document, article and section	What specifically does not conform

Notice to the applicant

Date notified: _____ Method: hand delivery ___ mail ___ email ___
____ If the decision rested in whole or in part on a consumer report, the applicant was given the adverse action notice, the name and address of the reporting agency, and notice of the right to a free copy and to dispute
Certificate of approval issued on: _____ Not applicable ___

Three dates decide whether this association met its own window: received, decided, notified. Fill in all three every time.

Move-in

Access devices, fobs or gate codes issued: _____ Date: _____
Amenity access activated: Yes ___ No ___
Move-in scheduled for: _____
Elevator or loading reservation, if applicable: _____
____ Tenant added to the association’s directory and emergency contact list

Tenancy record

Lease term on file: _____ to _____
Renewal expected: _____
Date the association was notified the tenancy ended: _____
Deposit refunded or claim notice sent on: _____ Amount refunded: $_____

Optional additions

The document above is complete as it stands. Use nothing on this page unless the situation described applies to your association.

If the association takes a security deposit

Add these lines to section 2C, directly under the fee block, before the packet is copied for applicants. A deposit is optional, and it is permitted only where the declaration, articles or bylaws authorize one.

> Security deposit: $[DEPOSIT AMOUNT], which may not exceed one month’s rent.
>
> Held in escrow at: [ESCROW INSTITUTION AND ACCOUNT].
>
> What it covers: damage to the common elements or association property. It does not cover unpaid rent and it does not cover the inside of the home.
>
> The association will refund the deposit in full, or give you written notice of any claim against it, within [DEPOSIT REFUND DAYS] days after you move out.

Do not add a move-in fee, elevator fee or key deposit on top of a deposit already at the one-month ceiling.
