

**AMBLEWOOD
CONDOMINIUM LEASE APPLICATION**

APPLICATION DATE _____

CONDO ADDRESS _____

UNIT OWNER'S NAME & PHONE # _____

OWNER'S ADDRESS TO MAIL CERTIFICATE OF APPROVAL _____

LESSEE'S NAME(S) _____

ADDRESS _____ PHONE _____

TERM OF LEASE FROM _____ TO _____

LESSEE'S EMAIL ADDRESS: _____

PERSONAL REFERENCE:

NAME _____ PHONE _____

MAKE AND MODEL OF VEHICLE: _____

YEAR _____ LICENSE PLATE # _____

IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATION _____

ADDRESS _____ PHONE _____

THE FOLLOWING ITEMS MUST BE SUBMITTED WITH THIS APPLICATION 14 BUSINESS DAYS PRIOR TO ARRIVAL DATE IN ORDER FOR IT TO BE PROCESSED:

- 1) A COPY OF THE EXECUTED LEASE.
- 2) A CHECK FOR THE TRANSFER FEE (CURRENTLY \$50, SUBJECT TO CHANGE) MADE PAYABLE TO THE AMBLEWOOD ASSOCIATION.

OWNER CERTIFIES THAT THEY HAVE PROVIDED THE LESSEE WITH A COPY OF THE RULES AND REGULATIONS FOR THE CONDOMINIUM ASSOCIATION FOR THIS RENTAL.

LESSEE AGREES TO ABIDE BY ALL THE PROVISIONS OF THE RULES AND REGULATIONS.

_____ CHECK HERE IF YOU ARE 1) AN ACTIVE DUTY MEMBER OF THE U.S ARMED FORCES, 2) A MEMBER OF THE FLORIDA NATIONAL GUARD, OR 3) A MEMBER OF THE U.S RESERVE FORCES.

SIGNATURE(S) OF LESSEE _____ DATE _____

SIGNATURE OF OWNER _____ DATE _____

Return this form to: Sandcastle

Email:

Fax:

Phone: