

The Continental Group, Inc
1904 Clubhouse Drive
Sun City Center, FL 33573
(813) 642-8990 Fax: (813) 642-8790

Board Approval _____

LEASE APPLICATION

MUST BE SUBMITTED **10 DAYS PRIOR** TO COMMENCEMENT OF LEASE

ASSOCIATION: _____ UNIT # _____

UNIT ADDRESS: _____

TERM OF LEASE: FROM: _____ TO: _____

AGENT OR BROKER: _____ AGENT'S PHONE NO. _____

LESSORS (Owners): _____

ADDRESS: _____

HOME PHONE: () _____ OTHER () _____

LESSEES (Renters): _____

PERMANENT ADDRESS: _____

HOME PHONE: () _____ OTHER () _____

LESSEES EMERGENCY, CONTACT: (Name, Relationship, City, State, Phone) _____

Upon signing this Lease Application, I (we) signify that all parties to the lease understand and agree to the following:

1. **Application Fee** as required by Association Documents, payable to the Association.
2. **One of the Lessees is at least 55 years of age.** (Photocopy of Driver's License, Passport or other legal document showing birthday and photo, attached for each occupant.)
3. **Appropriate Lease Addendum** specific to the Association must be signed, notarized and attached.
4. **Pet Agreement and pet deposit or Service Animal Request**, when applicable. (Pets are only permitted in some associations)
5. Each lessee and any other invitee is subject to the rules and regulations, as a Unit Owner, and posted and/or specified in the Declaration of Condominium of this Association and in the Amendments thereto.
 - a. While residing at Kings Point, no persons under the age of 18 will be permitted to visit for a period exceeding 30 days, in any calendar year, in accordance with Article XIII.
 - b. Term of Lease must be 30 days or more, in accordance with Article XI.
 - i. All lessees are equally and severally parties to this Lease Agreement.
 - ii. Sub-leasing if permitted is subject to the same terms and conditions as the original lease.
 - iii. All leases less than 6 months are subject to Sales & Tourist Development Tax, which is the sole responsibility of the unit owner or owner's agent.
6. ****Realtors signing on behalf of unit owner must furnish a copy of their authorization to manage the property.**
7. Lessee acknowledges Kings Point West is a Senior Safety Zone, as defined by Hillsborough County Ordinance Number 07-12 (effec.08/08).
8. I would like my name and phone number published in the directory. ___ NO

LESSOR'S OR **AGENT'S SIGNATURE(s)

LESSEE'S (Renters) SIGNATURES(s)

_____ Date: _____ Date: _____

_____ Date: _____ Date: _____

The following is for completion by The Continental Group only (Rev 11/1/11)

Received by: _____ Date: _____ Proof of Age: _____

App. Fee / Ck# & Amt. _____ Pet Agreement/Ck# & Amt. _____ Assessment Due: _____

Reviewed by: _____ Date: _____

Original in unit file; Copies to: 1. Badge Office 2. President 3. Security 4. Emergency Squad 5. COA