

Towne Square Villas Condominium Association, Inc.

A Florida Not-for-Profit Corporation

6325 Providence Circle New Port Richey, FL 34652 (727) 236-7737 MGR. CI townesquarevillas@gmail.com

LEASE APPLICATION

Application must be received at least two weeks in advance of possession. DATE SUBMITTED _____

Property Address: _____ Unit # _____

Applicant _____ SS# _____
Last First MI

DOB ____/____/____ Driver's License # _____ State /Prov _____ (attach copy)

Present Address: _____ CSZ _____ Years: ____ Months: ____

Co Applicant _____ SS# _____
Last First MI

DOB ____/____/____ Driver's License # _____ State/Prov _____ (attach copy)

Present Address: _____ CSZ _____ Years: ____ Months: ____

Applicant Phone (____) _____ Co Applicant Phone (____) _____

Vehicle #1 Information: Year _____ Make/Model _____ Tag No. and State _____

Vehicle #2 Information: Year _____ Make/Model _____ Tag No. and State _____

Please list minor children _____

PET REGISTRATION – Please see property Manager for required documentation

APPLICANT(S) ACKNOWLEDGEMENT/AGREEMENT AND AUTHORIZATION:

By signing below,

I affirm the above statements are true and complete. I also consent to verification of such, by all means, including employment, personal references, criminal records, current/previous property owners, consumer credit report(s) and public records, by the Property Owner and/or The Towne Square Villas Condominium Association, Inc. (hereafter "TSV"). I also declare that knowingly representing false information herein constitutes a breach of faith by me and as such I would agree to relinquish the property immediately to the Property Owner and/or TSV and assume all costs to do so, including costs of repossession. Further, I expressly authorize TSV, its attorneys and collection agencies, to obtain or cause to obtain, my consumer credit report, to be used to collect all debts due TSV resulting from any now or future contract or lease, associated with this application, and/or debts on any action, damage or injury I may cause during the terms of my lease or contract, whether intended or not. I further agree that all associated debts to TSV be binding on myself, my successors, my beneficiaries, or assigns, during and after the terms of any contract or lease associated with this application, in accordance with State and Federal laws.

I hereby give my consent, that this application be used as stated above, and also be retained by the Owner and/or TSV whether or not it is approved. I further understand and agree that, upon request, the Owner and/or TSV may release information about their experience with myself as an applicant or tenant. Finally, I agree that this application will only be reviewed if and when:

- The application is completed in full and submitted to Management at least two weeks prior to occupancy.
- A certified copy of my background information accompanies this form.

I have read and agree to all terms as stated in the above "Applicant's Acknowledgment/Agreement and Authorization"

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

⊖ Approved ⊖ Disapproved/ reason: _____ TSV REP. INTL _____ date _____

