

\_\_\_\_\_  
ASSOCIATION  
**LEASE APPLICATION**  
Application requires 14 Days to process

Unit: \_\_\_\_\_

Application is hereby made for approval of the sale of the above referenced unit.

Name of Seller \_\_\_\_\_ Date \_\_\_\_\_

We represent that the following information is true and consent to your further inquiry concerning the information.

Name of Buyer (same as title) \_\_\_\_\_ Age \_\_\_\_\_

Spouse or other occupant. \_\_\_\_\_ Age \_\_\_\_\_

Buyer Email: \_\_\_\_\_ Buyer Phone: \_\_\_\_\_

Rental Period from \_\_\_\_\_ to \_\_\_\_\_ Rental Manager Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_

Present Address \_\_\_\_\_

Address after closing \_\_\_\_\_

Children under 18 \_\_\_\_\_ Pets \_\_\_\_\_ Type \_\_\_\_\_ Weight \_\_\_\_\_

A \$ \_\_\_\_\_ APPLICATION PROCESSING FEE IS REQUIRED AND MUST ACCOMPANY THIS SALES APPLICATION WHEN SUBMITTED BEFORE APPROVAL CAN BE CONSIDERED. PLEASE MAKE CHECK PAYABLE TO \_\_\_\_\_. FEE MAY BE PAID BY EITHER PARTY.

**Yes/No - A PERSONAL INTERVIEW IS REQUIRED BEFORE CLOSING.**

**Yes/No – 55+ Community**

**Yes/No – No Pet Community**

COPY OF DRIVER'S LICENSE OR OTHER PICTURE IDENTIFICATION IS REQUIRED FOR PROOF OF AGE  
SALES PRICE \_\_\_\_\_ COPY OF PURCHASE CONTRACT IS REQUIRED.

Sales approval is contingent upon financial matters being satisfied with the Condominium Association as referred to herein (including, but not limited to, maintenance fees, assessments, late fees, etc.) being paid in full through the date of closing.

The execution below acknowledges receipt of a copy of the Rules and Regulations of the Association. The undersigned hereby agree(s) to abide by said Governing Documents & Rules and Regulations, together with any amendments thereto.

If you have any questions regarding this application, please call Leading Edge C.A.M. at (727) 403-0307

Date \_\_\_\_\_ Signatures. \_\_\_\_\_

Date \_\_\_\_\_ Signatures. \_\_\_\_\_

**ESTOPPELS REQUEST IS COMPLETED BY THE ACCOUNTING OFFICE (727) 461-9770**

Approved by : \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Board Member or Agent of the Board)

**THIS APPLICATION IS APPROVED CONTINGENT UPON ALL  
FINANCIAL OBLIGATIONS TO THE HOMEOWNERS ASSOCIATION  
BEING PAID IN FULL AS OF THE CLOSING DATE**

Please return form to Leading Edge C.A.M. at 901 North Hercules Ave Suite A, Clearwater, FL 33765