

COLONIAL ISLES CONDOMINIUM ASSOCIATION

**LEASE APPLICATION**

C/O Leading Edge, C.A.M.  
901 N. Hercules Avenue, Suite A  
Clearwater, FL 33765

UNIT# \_\_\_\_\_

Please complete the form below by PRINTING the requested information, sign, date, and mail, fax or email to the address above.

Owner Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Lessee Name \_\_\_\_\_ Age \_\_\_\_\_ Spouse/Co-Lessee \_\_\_\_\_ Age \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Anticipated Move-in Date \_\_\_\_\_ Term \_\_\_\_\_ to \_\_\_\_\_  
(Minimum of 3 months)

Items must be included with the application being reviewed:

1. Copy of Each Applicant's Driver's License, Passport or Government ID
2. Copy of Executed Lease
3. Application Fee \$50 (made Payable to Colonial Isles Condominium)
4. Attached Tenant Check Form with applicable fee (attached)

Vehicle(s)	Make/Yr	Model	Color	TAG Number
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant states that he/she has received a copy of all Colonial Isles Condominium Governing Documents including Articles of Incorporation, Declaration, Bylaws, Rules and Regulations and has read and understood, and agrees to abide by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter by the Association.

This approval is subject to the financial obligations to the Association, but not limited to maintenance fees, late fees, special assessments, legal fees, and application fees having been paid in full prior to occupancy. Please contact the accounting office for the necessary information: (727) 461-9770.

**PLEASE SIGN AND DATE BELOW:**

_____ Owner Signature	_____ Date	_____ Spouse/Co-Owner Signature	_____ Date
_____ Lessee Signature	_____ Date	_____ Spouse/Co-Lessee Signature	_____ Date

Upon Review of Application and above items, the Board of Directors will contact the Applicant(s) for interview prior to Approval. Please ensure you have received and reviewed the Full Set of Colonial Isles Condominium Documents.

On Behalf of the Association, the Board of Directors has reviewed all documentation, interviewed and **Approved/Denied** (CIRCLE ONE) the above Application.

_____ Board of Directors Signature	_____ Date
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