

**LAS VISTAS IN INVERRARY CONDOMINIUM ASSOCIATION, INC.**

**APPLICATION FOR THE LEASING OF A UNIT**

**ADDITIONAL LESSEE**

**Please Print all Information Legibly**

**Additional Lessee:**

Please check one: Mr. \_\_\_ Mrs. \_\_\_\_\_ Ms. \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ FAMILY NAME: \_\_\_\_\_

D.O.B. Month \_\_\_ Day \_\_\_ Year: \_\_\_\_\_

If the following information is the same as the other lessee's, please indicate: Yes \_\_\_ No \_\_\_

If Yes, proceed immediately to Page 3

If No, please complete all sections:

If married, indicate spouse's name: \_\_\_\_\_

Current Address with Zip Code \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Additional Telephone Number, if applicable: (\_\_\_\_) \_\_\_\_\_

**CHILDREN:**

NAME	AGE	ADDRESS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**GRAND CHILDREN:**

NAME	AGE	ADDRESS
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER OCCUPANTS:** If other people will occupy the unit, please indicate: Yes \_\_\_\_\_ No \_\_\_\_\_

*Please Note: A separate application is required for anyone listed as "Other Occupant" including background checks and identification documentation.*

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PERSONAL REFERENCES:** These people must **not** be related to you.

<u>NAME:</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____

**EMERGENCY CONTACT:**

**FIRST CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL ADDRESS  
\_\_\_\_\_

**SECOND CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

E-MAIL ADDRESS  
\_\_\_\_\_

**VEHICLE INFORMATION:** Please note that Motorcycles; Scooters; Commercial Vehicles; Mobile Homes; Campers; Recreational Vehicles (RV); are not allowed to park in the Las Vistas in Inverrary Condominium Association, Inc. property. Pick-up trucks are subject to specifications as described in our By-Laws, Sections 12 and 13.

How many vehicles will you park on the property (Up to a maximum of 2 Allowed): \_\_\_\_\_

**Vehicle # 1:**

Make: \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Plate number: \_\_\_\_\_ State or Province \_\_\_\_\_

**Vehicle # 2:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

Plate Number \_\_\_\_\_ State or Province \_\_\_\_\_

1. I hereby agree on behalf of all persons who may reside in the unit noted in this Application to abide by all the covenants contained in the Governing Documents as well as the Rules and Regulations that exist and/or may be adopted by the Association, and that I will secure a copy of same.
2. I also hereby certify that all the information contained in this Application is true and correct.
3. I am fully aware that the decision made on this Application by the Board of Directors for the leasing of a unit in the Las Vistas of Inverrary Condominium Association, Inc. shall be final, and binding and that the Association does not have to divulge the reason(s) that may have influenced the decision of the Board of Directors.
4. I have been made aware that moving furniture or appliances and/or deliveries of same are allowed Monday thru Saturday between 8:00 a.m. and 6:00 p.m. except for Sundays and Holidays.
5. I certify that I am aware that the Las Vistas in Inverrary Condominium Association, Inc. is a 55+ community and will abide by the age restrictions of same, will secure property insurance for the unit, and recognize that it is a pet-free community. I also recognize that the installation or use of a washer and/or dryer inside the apartment is prohibited unless such equipment was already installed prior to rental via this application.

**AUTHORIZATION:** To any party who may be contacted by the Las Vistas In Inverrary Condominium Association Inc., its representative or attorneys:

I hereby waive any privileges that I may have with respect to all information contained in this Application to Lease a Unit in the Las Vistas in Inverrary Condominium Association, Inc. I acknowledge that I have been given the opportunity to read thoroughly the terms and conditions of this Application, that I understand them and undertake to respect them as well as all the covenants contained in the Association's Governing Documents and Rules & Regulations.

AS WITNESS THEREOF, I have signed on this M \_\_\_\_ D \_\_\_\_ Y \_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE