



# ARGUS Property Management, Inc.

COMMUNITY ASSOCIATION MANAGEMENT • www.ArgusMgmt.com • www.ArgusRealtyGroup.com

## APPLICATION FOR LEASE

(4 Month Minimum)

OAKLEAF HOMEOWNERS ASSOCIATION, INC.

This form must be filled out by proposed TENANT(s) and submitted to Oakleaf Homeowners Association, Inc., Board of Directors for approval together **with any contract to LEASE** Under authority of the Association Documents and has instituted a **\$100.00** non-refundable fee for processing of the application for leases. Please allow minimum of (15) days to process.

The undersigned proposes to lease a Oakleaf Association home (address)

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ from \_\_\_\_\_.

The proposed move in date is will be \_\_\_\_\_. A copy of the lease is attached to this application.

\_\_\_\_\_ Date \_\_\_\_\_ Owner Signature

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Local Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's Lic #: \_\_\_\_\_

Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

### Other Persons Who Will Occupy This Unit With You:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

### Pets: (Please review Pet Policy in Rules and Regulations)

Number: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicle Information: \_\_\_\_\_

Make Year Type Tag

Make Year Type Tag

2477 Stickney Point Road Suite 118-A Sarasota, FL 34231

(941) 927-6464 Phone (941) 927-6767 fax



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Name of Real Estate Co. (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

I have received and read a copy of Rules and Regulations of the Oakleaf Homeowners Association and understand my responsibilities as an owner. I agree to abide by these provisions.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant for lease

Telephone: \_\_\_\_\_

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORDS, RENTAL OR LEASE HISTORY AND EMPLOYMENT VERIFICATION.

**This application must be received (15) days prior to closing date. It must be submitted with the application fee in order to be processed. Please submit application to Argus Property Management at 2477 Stickney Point Road Suite 118A, Sarasota, FL 34231.**

I do hereby authorize with my (our) signature(s) the release of public records, credit reports, rental or lease information and employment verification, whether by fax, verbal, photocopy or original signature, to Oakleaf Homeowners Association, Inc., and all its members now and in the future.

I agree to hold harmless Oakleaf Homeowners Board of Directors, Inc., and all providers of information on the prospective owner(s) stated above. In the event that the information provided by me (us) is found to be misleading and/or false my acceptance for this lease, whether determination is made before or after my date of sale, may be affected.

\_\_\_\_\_  
Date Signature of Applicant

\_\_\_\_\_  
Date Signature of Applicant

Approved Date: \_\_\_\_\_

Disapproved Director or Authorized Agent: \_\_\_\_\_