

**POINTE TOWERS CONDOMINIUM ASSOCIATION**

**APPLICATION for LEASE OCCUPANCY**

*c/o Ameri-Tech Community Management*

*Corporate Office Location*

*24701 US Highway 19 North Suite 102*

*Clearwater, FL 33763*

*www.pointetowers.com Phone: 727-726-8000*

**THE MINIMUM PERIOD FOR RENTAL OR LEASE IS ONE MONTH**

**(Defined as no less than 30 consecutive days (28 consecutive days for the month of February))**

Owner(s): \_\_\_\_\_ Tenants: \_\_\_\_\_

Unit # to be Rented: \_\_\_\_\_ Rental Start Date: \_\_\_\_\_ Rental End Date: \_\_\_\_\_

**No other persons not registered are permitted to occupy unit.  
Tenants are not permitted to have occupants in the absence of the tenant.**

**Maximum number of persons authorized to occupy rented unit is one bedroom 3 persons;  
and two bedroom 4 persons.**

Total number of adults occupying the unit \_\_\_\_\_ Total number of children occupying the unit \_\_\_\_\_

This Application must be received by the Association at the c/o address above or downloaded at [www.pointetowers.com](http://www.pointetowers.com) **NOT LESS THAN 7 DAYS** (Saturday, Sunday, Holidays and the date of receipt excluded) prior to occupancy. **Failure to submit this Application form is a violation.** Occupancy is only granted to persons listed on this Application.

- 1) This Application is fully completed.
- 2) A check i/a/o \$25.00, per Application, payable to Pointe Towers Association.
- 3) A check i/a/o , \$50.00, per Application, payable to Ameri-Tech Community Management.
- 4) The Association reserves the right to obtain a background search. If any derogatory information is found it will be provided to the owner for appropriate handling.
- 5) Missing or incomplete information will cause the Application to be returned without action.
- 6) This information is confidential pursuant to Florida Statute Chapter 718.111(12)(c)2.

**SORRY - NO PETS ALLOWED!**

**Adults who will occupy the above condominium unit are as follows:**

Adult Occupant #1 Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Full Street Address

City, State, Zip

Phone

Adult Occupant #2 Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

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

Full Street Address

City, State, Zip

Phone

Vehicle used while on site: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Tag#: \_\_\_\_\_ ST: \_\_\_\_\_

If rental, please email information once vehicle has been rented.

Real Estate Agent (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Before you complete and sign this form, the Applicants states that he/she has received a copy of all condominium rules and regulations, to include the *Pointe Towers House Rules* (and *Neighborly Reminders & Cleaning Instructions* attachments) and has **read, understood and agrees to abide** by all the conditions and terms therein and all reasonable rules and regulations enacted hereafter officially by the Association.

Occupants represent that the above information is true and correct. **Occupants certify they have established a lease agreement with the owner for a minimum period of one month.**

To ensure the safety of other building occupants and property and to minimize any risk exposure to the Association the owner(s) agree not to rent to any persons that could knowingly place occupants or property at risk.

\_\_\_\_\_  
Adult Occupant #1 Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Occupant #1 Signature

\_\_\_\_\_  
Adult Occupant #2 Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Occupant #2 Signature

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\_\_\_\_\_  
Owner #1 Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner #1 Signature

\_\_\_\_\_  
Owner #2 Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner #2 Signature