

CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC.  
APPLICATION (CHECK ONE)  RENTAL/LEASE  SALE/PURCHASE

Each application must be completed in its entirety. An incomplete application will not be considered for lease. A copy of the lease agreement must be attached to the application. A \$100.00 NON-REFUNDABLE fee, payable to the Association must be attached to each application submitted for approval. MUST PRINT AND BE LEGIBLE.

Unit Address & Unit # \_\_\_\_\_ Term of Lease/Closing date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Spouse (Print) \_\_\_\_\_

Social Security # \_\_\_\_\_ DOB \_\_\_\_\_ Social security # \_\_\_\_\_ DOB \_\_\_\_\_

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

Driver's License \_\_\_\_\_ Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Landlord/Mortgage: \_\_\_\_\_ Bank (local) \_\_\_\_\_

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_ Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

References: Name, Address & Phone # (other than family or Real Estate Agent) Preferably Local: \_\_\_\_\_

Real Estate Agent: \_\_\_\_\_ Pets: Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_ Number: \_\_\_\_\_  
Weight: \_\_\_\_\_ (must be under 25#)

Vehicle Information:  
How many \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ State: \_\_\_\_\_ License # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone: \_\_\_\_\_

Names of additional persons to Occupy Premises (give ages if under 18 \_\_\_\_\_

I have received and read a copy of all Association's Documents, Rules & Regulations. I understand my responsibilities as a renter/occupant. I agree to abide by the provisions of said documents:

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

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

I agree to hold harmless LIGHTHOUSE PROPERTY MANAGEMENT, INC., and all providers of information on the prospective owner/tenant's stated above. In the event that the information provided by me (us) is found to be misleading or false, my acceptance for this lease whether determination is made before or after my date of occupancy, may be affected. I do hereby authorize with my(our) signature(s) the release of public records, rental or lease information and employment verification, whether by fax, verbal, photo copy or original signature, to Lighthouse Property Management, Inc., and all its members now and in the future for exclusive use of the Cypress Strand condominium Association, Inc.

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

Owner Name: \_\_\_\_\_ Co-Owner: \_\_\_\_\_

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

Action by Association: Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ Conditions: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application and Fee to: LIGHTHOUSE PROPERTY MANAGEMENT INC.  
4951 RINGWOOD MEADOW  
SARASOTA, FL 34235  
Ph. 941-388-7109 -Fax 941-388-7129