

Leasing Applications must be renewed annually.

Each application must be completed in its entirety. An incomplete application will not be considered. A copy of a lease agreement must be attached to the application. \$100 NON-REFUNDABLE fee, payable to Cypress Strand Condominium Association, Inc. must accompany each application. **Make check for fee payable to CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC.**

Return to: SENTRY MANAGEMENT, 5969 CATTLERIDGE BLVD., SUITE 203, SARASOTA, FL 34232 PH 941-361-1222, FAX: 941-361-1113

SECTION 1: Owner: Date of Purchase _____ Owner's Signature _____

Per the Cypress Strand Condo Association's governing documents, new purchasers of condos are not allowed to rent them for twelve months following the acquisition, unless there is a Board approved existing lease on the unit at the time of transfer. An existing lease is defined as one that has been approved by the Board. At the end of the existing lease term (unless it is a renewal of the existing lease) the unit's new owner may not lease that unit for at least twelve (12) months.

Address/Unit _____ Term of Lease From (Date): _____ To: (Date) _____
Name of Lessee _____ Social Security # _____ DOB _____
Lessee Telephone # _____ Lessee Email _____
Name of Co-Lessee _____ Social Security # _____ DOB _____
Co-Lessee Telephone # _____ Co-Lessee Email _____

Previous Address _____
Previous Landlord _____ Telephone # _____
Driver's License # _____ State _____ Driver's License # _____ State _____

Vehicle 1: Make _____ Model _____ Year _____ License # _____ State _____

Vehicle 2: Make _____ Model _____ Year _____ License # _____ State _____

PETS: **Pet Form must accompany this application. (25 Pounds or Less) Type _____ Number _____ Weight _____**

Employer _____ **Employer's Telephone #** _____

Reference: _____ **Telephone #** _____
Name, Address, Telephone (Preferably local and other than family or real estate agent)

Emergency Contact: _____ **Telephone #** _____

Bank (local) _____ **Real Estate Agent** _____ **Telephone #** _____

Association Documents: I have provided this lessee with a printed copy of all Association Documents, Rules and Regulations. These documents are available on our website www.cypressstrand.com.

Owner's Signature _____ **Date** _____

The owner has provided a copy of and I have read all Association Documents. I understand my responsibilities as a resident. I agree to abide by the provisions of said documents.

Lessee's Signature _____ **Date** _____

Co-Lessee's Signature _____ **Date** _____

PLEASE PROVIDE THE NAME AND RELATIONSHIP OF ALL PERSONS **UNDER THE AGE OF 18** WHO WILL OCCUPY THE UNIT:

ANY PERSON OVER THE AGE OF 18 WHO WILL LIVE IN THIS UNIT DURING THE TERM OF THIS LEASE MUST COMPLETE PAGE 2 AND SUBMIT IT TO SENTRY MANAGEMENT FOR APPROVAL.

AUTHORIZATION FOR VERIFICATION OF INFORMATION FOR CREDIT REPORT, PUBLIC RECORD, RENTAL OR LEASE HISTORY AND EMPLOYMENT. I agree to hold harmless Sentry Management, Inc., and all providers of information for the prospective tenant(s) stated above. In the event that 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 my (our) credit report(s), public records, rental or lease information and employment verification, whether by fax, verbal, photo copy or original signature to Sentry Management, Inc., and all its members now and in the future for the exclusive use of Cypress Strand Condominium Association, Inc.

Lessee's Signature _____ **Date** _____

Co-Lessee's Signature _____ **Date** _____

Make check payable to: CYPRESS STRAND CONDOMINIUM ASSOCIATION, INC.

Action by Association: Approved _____ Disapproved _____ Conditions _____

Signature _____ **Title** _____ **Date** _____

PAGE TWO OF PURCHASE OR LEASING AGREEMENT

TO BE COMPLETED BY ANY PERSON OVER THE AGE OF 18 WHO WILL BE LIVING IN THE UNIT WITH THE PERSONS LISTED ON PAGE 1.

Name (Print) _____ Social Security # _____
DOB _____ Telephone # _____
Driver's License # _____ State _____
Vehicle Make _____ Model _____ Year _____

I acknowledge that have read the Rules and Regulations of Cypress Strand. I understand my responsibilities as a resident. I agree to abide by the provisions of said documents. These documents are available on our website www.cyresstrand.com.

I authorize the Board of Directors or its agent to investigate my background which may include credit.

Signature _____ Date _____

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Name (Print) _____ Social Security # _____
DOB _____ Telephone # _____
Driver's License # _____ State _____
Vehicle Make _____ Model _____ Year _____

I acknowledge that have read the Rules and Regulations of Cypress Strand. I understand my responsibilities as a resident. I agree to abide by the provisions of said documents. These documents are available on our website www.cyresstrand.com.

I authorize the Board of Directors or its agent to investigate my background which may include credit.

Signature _____ Date _____

Return with Page 1 of this application to:

**Sentry Management,
5969 Cattleridge Blvd., Suite 203
Sarasota, FL 34232
T: (941) 361-1222**