

FirstService Residential Management  
1904 Clubhouse Drive  
Sun City Center, FL 33573  
(813) 642-8990 Fax: (813) 642-8790

Board Approval \_\_\_\_\_

**LEASE APPLICATION**  
**MUST BE SUBMITTED 10 DAYS PRIOR TO COMMENCEMENT OF LEASE**

ASSOCIATION: \_\_\_\_\_ UNIT # \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

TERM OF LEASE: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AGENT OR BROKER: \_\_\_\_\_ AGENT'S PHONE NO. \_\_\_\_\_

LESSORS (Owners): \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

LESSEES (Renters): \_\_\_\_\_

PERMANENT  
ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER \_\_\_\_\_

EMERGENCY CONTACT: (Name, Relationship, City, State, Phone) \_\_\_\_\_

**Upon signing this Lease Application, I (we) signify that all parties to the lease understand and agree to the following:**

1. Application Fee as required by Association Documents, payable to the Association.
2. Registration Fee of \$50 as required by the Federation Documents, payable to The Federation of Kings Point. *(Effective July 1, 2012)*
3. One of the Lessees is at least 55 years of age. (Photocopy of Driver's License, Passport or other legal document showing birthday and photo, attached for each occupant.)
4. Appropriate Lease Addendum specific to the Association must be signed, notarized and attached.
5. Pet Agreement and pet deposit or Service Animal Request, when applicable. (Pets are only permitted in some associations)
6. Each lessee and any other invitee is subject to the rules and regulations, as a Unit Owner, and posted and/or specified in the Declaration of Condominium of this Association and in the Amendments thereto.
  - a. While residing at Kings Point, no persons under the age of 18 will be permitted to visit for a period exceeding 30 days, in any calendar year, in accordance with Article XIII.
  - b. Term of Lease must be 30 days or more, in accordance with Article XI.
    - i. All lessees are equally and severally parties to this Lease Agreement.
    - ii. Sub-leasing if permitted is subject to the same terms and conditions as the original lease.
    - iii. All leases less than 6 months are subject to Sales & Tourist Development Tax, which is the sole responsibility of the unit owner or owner's agent.
7. \*\*Realtors signing on behalf of unit owner must furnish a copy of their authorization to manage the property.
8. Lessee acknowledges Kings Point West is a Senior Safety Zone, as defined by Hillsborough County Ordinance Number 07-12 (effec.08/08).
9. I would like my name and phone number published in the directory. \_\_\_\_\_ NO
10. Are you an Active Service Member as defined in s. [250.01, Florida Statutes](#). \_\_\_\_\_ YES \_\_\_\_\_ NO

**OWNER'S OR \*\*AGENT'S SIGNATURE(s)**

**LESSEE'S (Renters) SIGNATURES(s)**

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

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

**The following is for completion by FirstService Residential Management only**

Received by: \_\_\_\_\_ Date Rec'd: \_\_\_\_\_ ID: \_\_\_\_\_ \$50. Req. Fee/Ck# \_\_\_\_\_

App. Fee /Ck# & Amt. \_\_\_\_\_ Pet Agreement/Ck# & Amt. \_\_\_\_\_ Assessment Due: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDENDUM TO LEASE APPLICATION

### CAMBRIDGE K, HIGHGATE B, KNOLLS II, NANTUCKET I & II, PRINCETON AND QUAIL PASS

Name(s): \_\_\_\_\_ Association: \_\_\_\_\_

Unit Address \_\_\_\_\_ Unit # \_\_\_\_\_

I/we acknowledge that this condominium association **does not allow lessees or guests to have pets** in the unit or on the association's property. **Lessees and guests are restricted from having pets.** Harboring additional/unauthorized pets may result in a fine and removal of the pet(s), in accordance with the condominium governing documents.

**Lessee(s) are responsible for adhering to the restrictions, rules and regulations of this condominium association** and are encouraged to review the association's documents, which are available from the unit owner, The Continental Group or the Hillsborough County Clerk of the Court.

Signature of Lessee(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_.

personally known to me

produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

**FORM MUST BE SIGNED BY ALL LESSEE (S) OF UNIT**