

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: _____

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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

Fairfield H, Gloucester (all except J & N), Highgate (all except A, B, E, II & IV),
Idlewood, Lancaster I, Lancaster II, Manchester (all except Manchester IV), Nantucket III, Oxford I & II

NO PET ASSOCIATIONS

Name(s): _____ Association: _____

Unit Address _____ Unit # _____

I/we acknowledge that this condominium association **does not allow pets** to be harbored in the unit or to be on the association's property. **Visitors, lessees or guests may not have pets in the unit or on the association's property.** Bringing a pet into a pet-free condominium 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, FirstService Residential 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