

APPLICATION FOR SHORT TERM, SEASONAL LEASE

Name of Community: **QUINSANA GARDENS CONDOMINIUM** Date: \_\_\_\_\_

Unit Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**OWNER'S NAME:** \_\_\_\_\_ Phone: \_\_\_\_\_

I/we submit the following information to the Board of Directors regarding my/our lease of the unit listed above. **Picture identification on each lessee must accompany this application as proof that lessee(s) are 55 years of age or older.**

Lease Term is From \_\_\_\_\_ to \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE PROSPECTIVE LESSEE:

Lessee Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Lessee Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

<u>Vehicle Make &amp; Model</u>	<u>Year</u>	<u>Lic. Tag #</u>	<u>State</u>
_____	_____	_____	_____

**A TRANSFER FEE OF \$100.00 MUST ACCOMPANY THIS APPLICATION, PAYABLE TO QUINSANA GARDENS CONDOMINIUM - ALL MAINTENANCE FEES FOR THIS UNIT MUST BE CURRENT OR SHORT TERM LEASE WILL NOT BE APPROVED.**

I/we understand that acceptance for lease in this Community is conditioned upon the approval of the Board of Directors. Accordingly, I/we hereby agree for myself and on behalf of all persons who may use the unit which I/we seek to lease that I/we will abide by all restrictions contained in the Declaration of Condominium and Rules and Regulations which may currently be in effect or which may in the future be imposed by the Board of Directors. I/we will read the Rules and Regulations upon arrival. **IT IS UNDERSTOOD THAT NO PETS ARE ALLOWED.**

I/we understand that sub-leasing or occupancy of this unit in my/our absence by others is not permitted without prior written approval of the Board of Directors.

I/we understand that payment of the \$100.00 transfer fee does not in any way constitute approval for this transaction.

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

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

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

THIS APPLICATION MUST BE MAILED TO AMBASSADOR MANAGEMENT TWO (2) WEEKS PRIOR TO THE ARRIVAL OF LESSEE TO UNIT.