AMBERLEA OWNERS ASSOCIATION

Lease Application Instructions

Leasing a home in Amberlea requires the completion of two forms.

1. The Homeowner Lease Application completed by the owner(s), and

2. The Tenant's Lease Application completed by the prospective tenant(s).

When those forms are completed they must be submitted to Amberlea Owners Association, c/o Miller Management Services, Inc., 2848 Proctor Road, Sarasota, FL 34231, telephone 941/923-5811.

The forms must be accompanied by:

1. A check for $200 non-refundable payable to Amberlea Owners Association, Inc. for the processing of this application, and

2. A copy of the Lease Agreement between the Homeowner and the Tenant.

Incomplete packages will NOT be accepted or processed.

AMBERLEA OWNERS ASSOCIATION, INC.

c/o Miller Management Services, Inc.
2848 Proctor Road, Sarasota, Florida 34231
941/923-5811 Fax 941/923-1836 Email: millermgt@mindspring.com

Homeowner Lease Application

In accordance with Article VI, paragraph 26 of the Association's Declaration of Restrictions, this form must be completed in its entirety and delivered to the Association, along with a $200 non-refundable application fee, not less than thirty (30) days prior to any homeowner's acceptance of an offer to lease. The Association will not approve the lease of this property until after the Board of Directors receives this application, completes their investigation and returns an approved copy of this form, signed by at least two representatives of the Board of Directors, and the Certificate To Lease to the homeowner (or his agent as may be designated in writing by the homeowner).

It is the homeowner's responsibility to furnish to the prospective tenant a copy of this application along with a copy of the Deed Restrictions and the Rules and Regulations of the Association. A personal interview may be arranged between the tenant(s) and two (2) representatives of the Board of Directors.

In the event an applicant provides false, misleading or incomplete information in this form, the Board shall reject the application and may thereafter take legal actions for damages or for injunctive relief, or both, in addition to the remedies provided by statute and common law. In any such legal or equitable action or proceeding, the prevailing party shall be entitled to recover its costs and expenses, including reasonable attorney's fees to be determined by the court, including Appellate proceedings.

In the event an Application is disapproved, the property shall not be leased and possession of the property shall not be authorized.

I (we) the undersigned owner(s) of the house located at _____.

Request approval to lease the property from _____ to _____.

Request that you approve the lease of the property to _____.

NOTE: Minimum of 12 months/No more than twice per year Automatic renewal and/or month-to-month occupancy for any reason is prohibited in any lease

I (we) understand that subleasing of a unit is not permitted. Enclosed herewith is a copy of the lease.

I (we) hereby certify that the tenant is financially responsible, of good moral character and will not be a detriment in any way to the community or its property. If the tenant violates any of the Amberlea Deed Restrictions or Rules and Regulations, I personally will be financially responsible for his/her actions.

Date _____

_____ _____
(Owner) (Witness)

_____ _____
(Owner) (Witness)

AMBERLEA OWNERS ASSOCIATION BOARD OF DIRECTORS' ACTION

Application: Approved _____ Rejected _____ Date ___/___/___

Interviewer: Name _____ Position _____

Signature _____

Interviewer: Name _____ Position _____

Signature _____

Tenant's Lease Application

APPLICANT (TENANT) TODAY'S DATE ____/____/____

LAST NAME ______________________ FIRST NAME ______________________ MIDDLE NAME ______________ Jr/Sr ______

SOCIAL SECURITY # ______________________ DRIVER'S LICENSE/ID #______________________ STATE ________

BIRTH DATE ________________ WHERE BORN ______________________________________

OTHER NAMES USED (MARRIED OR MAIDEN)______________________________________

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CURRENT ADDRESS ______________________ Unit # _______ CITY ________________ ST _____ ZIP ________

COMPLEX NAME ______________________ MGR/OWNER NAME ______________________ PHONE ______________

REASON FOR MOVING ______________________________________

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PRIOR ADDRESS ______________________ Unit # ________ CITY ________________ ST _____ ZIP ________

PHONE # ______________________ DATE MOVED IN ____/____/_____ RENT ________ or OWN ________

COMPLEX NAME ______________________ MGR/OWNER NAME ______________________ PHONE ______________

MOVE IN DATE ______/_____/_______ MOVE OUT DATE _____/_____/________

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PRESENT EMPLOYER ______________________ ADDRESS ______________________

CITY/STATE/ZIP ______________________ WORK PHONE (   ) ________________ POSITION ______________

HIRE DATE ________/_______/_______ SUPERVISOR'S NAME AND PHONE # ______________________

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SPOUSE'S FULL NAME ______________________ SPOUSE'S SOCIAL SECURITY # ______________________

SPOUSE'S DRIVER'S LICENSE/ID # AND STATE______________________ BIRTHDATE_____/_____/______

OTHER NAMES USED (MARRIED OR MAIDEN)______________________________________

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SPOUSE'S PRESENT EMPLOYER ______________________ ADDRESS ______________________

CITY/STATE/ZIP ______________________ WORK PHONE (   ) ______________________

POSITION ________________ HIRE DATE _____/_____/______ SUPERVISOR'S NAME AND PHONE______________________

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OTHER OCCUPANTS:
**NOTE: All leases shall be limited to two (2) Permanent Residents per bedroom.*

NAME______________________ RELATIONSHIP________________ SEX ______ BIRTHDATE ___/___/____

NAME______________________ RELATIONSHIP________________ SEX ______ BIRTHDATE ___/___/____

NAME______________________ RELATIONSHIP________________ SEX ______ BIRTHDATE ___/___/____

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VEHICLES: (Vehicles must be garaged or in the parcel's driveway and tenants are limited to two vehicles.)

MAKE & COLOR ______________________ YEAR __________ LICENSE # ____________________ STATE ______

MAKE & COLOR ______________________ YEAR __________ LICENSE # ____________________ STATE ______

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PETS YES ____ NO ____ TYPE/BREED ______________________ WEIGHT __________ AGE __________

TYPE/BREED ______________________ WEIGHT __________ AGE __________

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CHECK ALL THAT APPLY

_____ HAVE YOU, YOUR SPOUSE OR ANY OCCUPANT EVER BEEN EVICTED OR ASKED TO MOVE OUT?
_____ BROKEN A RENTAL AGREEMENT?
_____ DECLARED BANKRUPTCY?
_____ BEEN SUED FOR RENT OR PROPERTY DAMAGE?
_____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX CRIME THAT WAS RESOLVED BY CONVICTION, PROBATION, DEFERRED ADJUDICATION, COURT-ORDERED COMMUNITY SUPERVISION OR PRETRIAL DIVERSION?
_____ BEEN CHARGED, DETAINED OR ARRESTED FOR A FELONY OR SEX RELATED CRIME THAT HAS NOT BEEN RESOLVED BY ANY METHOD?

IF NONE OF THE ABOVE IS CHECKED, YOU ARE DECLARING THAT NONE APPLY? YES ____________ NO ___________

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EMERGENCY CONTACT (SOMEONE OVER 18 NOT LIVING WITH YOU):

NAME ______________________________ RELATIONSHIP ______________________________

ADDRESS ______________________________ CITY/STATE/ZIP ______________________________

WORK PHONE ______________________________ HOME PHONE ______________________________

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AUTHORIZATION: I, OR WE, DECLARE THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND ALSO AUTHORIZE AMBERLEA OWNERS ASSOCIATION, INC. TO PERFORM CREDIT AND BACKGROUND CHECKS TO VERIFY THE ACCURACY OF THE FOREGOING APPLICATION USING THE FOLLOWING NATIONAL SERVICE BUREAU BASED IN TEXAS:

App Verification Services, Inc.

Phone: 800-466-9508 Fax: 800-435-0802 or 877-652-4734

APPLICANT'S SIGNATURE______________________________ DATE _______/_______/________

SPOUSE'S SIGNATURE______________________________ DATE _______/_______/________

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APPLICANT'S ACKNOWLEDGEMENT

I hereby agree that the foregoing is correct and if this application is approved, I, and all adult persons occupying the property have carefully read, understand and accept responsibility for all occupants to comply fully with the Deed Restrictions and Rules and Regulations of Amberlea Owners Association, Inc. Application must be accompanied by a $200 fee, non-refundable, payable to Amberlea Owners Association, Inc., c/o Miller Management Services Inc, 2848 Proctor Road, Sarasota, FL 34231.

Name (Print) _____ Phone_____

Signature _____ Date ___/___/___

Spouse's Name (Print) _____ Phone_____

Signature _____ Date___/___/___

Email: _____

CERTIFICATE OF APPROVAL TO LEASE

AMBERLEA OWNERS ASSOCIATION, INC., a not-for-profit Florida Corporation, does hereby certify that it has granted approval of that certain lease commencing on

_____/_____/_____ and ending on _____/_____/_____

designating

_____

as tenant(s) for the property located at

_____, Sarasota, Florida 34233.

Dated this _____ day of _____, 20___.

AMBERLEA OWNERS ASSOCIATION, INC.

By:_____

Title:_____

Attest:_____

Title:_____

Note: If the applicant is a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard or United States Reserve Forces, this application must be approved or denied within seven (7) days of submission of the application.