

NOTICE OF INTENT TO LEASE

CREEKSID VILLAS HOMEOWNERS ASSOCIATION, INC.

Date

Address

Property Owner Name

This Notice of Intent to Lease and a fully executed copy of the related lease must be completed and returned to the Association's Board of Directors, Closing Department, P.O. Box 770622, Orlando, FL 32877-0622.

Leases of fewer than 12 months are prohibited.

Use of unit is limited to single-family residency.

Occupation of the unit will be limited to Lessee and his/her family listed below.

Unit is to be occupied by no more than 2 persons per bedroom. Units may not be sub-let.

THIS SECTION TO BE COMPLETED BY LESSOR (OWNER)

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice that, as Owner(s) or Agent of the above referenced unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement.

Unit is to be leased for the period beginning _____ and ending _____ at the monthly rate of \$ _____.

I (we) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same.

Unless you notify me to the contrary within **15 days** from the receipt of this completed notice and attachment, I will advise Lessee that the attached lease has been approved.

Mailing Address: _____

THIS SECTION TO BE COMPLETED BY LESSEE THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

I (we) intend to lease unit number/address: _____ for the period beginning _____ and ending _____.

In order for you to facilitate consideration of my (our) application for lease of the above designated unit, I (we) are aware that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application. I (we) consent that you may make further inquiry concerning this application, particularly of the references given below.

I (we) understand and will be bound by the Rules and Regulations of the above Association including those applicable to both the Unit and Common Property.

Name of Lessee: (1) _____ SS#: _____

Occupation: _____ How Long: _____

Employer: _____ Phone # _____

Name of Lessee (2) _____ SS#: _____

Occupation: _____ How Long: _____

Employer: _____ Phone # _____

Name and Address of Present Landlord (If applicable): _____

Phone: _____

The following persons (s) in Addition to Lessee will occupy the Unit:

Name: _____

Name: _____

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Relationship: _____

Relationship: _____

The following Pet(s) will occupy the Unit:

Type: _____

Type: _____

Weight; _____

Weight; _____

List two personal References (local, if possible):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Bank References:

Branch Name/Address: _____

Branch Name/Address: _____

Phone: _____

Phone: _____

Automobile/vehicle Information:

Make: _____

Make: _____

Model: _____

Model: _____

Year: _____

Year: _____

Color: _____

Color: _____

Tag #: _____

Tag #: _____

Person to be notified in case of emergency:

Phone: _____

Name: _____

Address: _____

I (we) understand that any violation of the terms, provisions, conditions and covenants of the Association documents provides cause for available immediate action as therein provided or termination of the leasehold under appropriate circumstances.

Dated this _____ day of _____, 20____.

Signed: _____

It is the owner's responsibility to give the tenant their pool key

Signed: _____

This Section for Association Use Only

Lease Attached ____ Yes ____ No

Approved ____/____/____ Disapproved ____/____/____

Date: _____

By: _____ Title: _____

Comments by the Board of Directors: _____