

NOTICE OF INTENT TO LEASE

PROPERTY: _____ DATE: _____
UNIT ADDRESS: _____ PROPERTY OWNER: _____

This Notice of Intent to Lease and a fully executed copy of the related lease must be accompanied by a check in the amount of \$25.00 made payable PLTH Phase II, Inc. and returned to the Association's Board of Directors, c/o ASSET Real Estate, Inc., 4004 Edgewater Drive, Orlando, FL 32804.

- ✧ 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 immediate family listed below.
- ✧ Unit is to be occupied by no more than _____ persons.
- ✧ 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 it. I authorize Property First, Inc. to obtain consumer credit report information on the below subject. I understand this information can only be obtained under the guidelines of the Fair Credit Reporting Act and I will adhere to this and all other applicable laws regarding the obtaining and use of this information. I understand a criminal record history report; employment credit report, driving record search, and social security number verification will be searched.

Mailing Address: _____ E-mail Address: _____
Owner Signature: _____ Owner Signature 2: _____

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 this application 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.

I (We) consent that you may make further inquiry concerning this application, particularly of the references given below. The Association reserves the right to obtain a credit report or require additional forms of identification if necessary.

Lessee (1)	_____	D.O.B.	_____	Home Phone#	_____	Cell Phone#	_____
Current Addr	_____			How Long?	_____		
Occupation	_____	Employer:	_____	How Long?	_____		
Lessee (2)	_____	D.O.B.	_____	Home Phone#	_____	Cell Phone#	_____
Current Addr	_____			How Long?	_____		
Occupation	_____	Employer:	_____	How Long?	_____		

NAME AND ADDRESS OF PRESENT LANDLORD (IF APPLICABLE):

THE FOLLOWING PERSON (S), IN ADDITION TO LESSEE (S) WILL OCCUPY THE UNIT:

Name	Relationship	Birth Date
(1) _____	_____	_____
(2) _____	_____	_____

THE FOLLOWING PET (S) WILL OCCUPY THE UNIT:

Type	Weight
(1) _____	_____
(2) _____	_____

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE):

Name	Address	Phone
(1) _____	_____	_____
(2) _____	_____	_____

AUTOMOTIVE/VEHICLE INFORMATION: DL# _____

Make	Model	Year	Tag #
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

Name: _____ Address: _____ Phone: _____

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: _____, Lessee

SIGNED: _____, Lessee

THIS SECTION FOR ASSOCIATION USE ONLY

PROCESSING FEE RECEIVED \$ _____ LEASE ATTACHED: YES _____ NO _____

APPROVED: _____/_____/_____ DISAPPROVED: _____/_____/_____ DATE: _____, 20__

By: _____ Title: _____

Notes: _____

STATE OF FLORIDA, COUNTY OF _____

Sworn to (or affirmed) and subscribed before me on this _____ day of _____, 20__

By _____ who has produced _____ as identification.

