

LOCHMOOR VILLAS CONDOMINIUM ASSOCIATION

C/O JACKSON MANAGEMENT

PO Box 151969; Cape Coral, FL 33915

(239) 314-7651

amanda@jacksonmanagementLLC.com

Notice of Intent to Lease/Purchase, Non-Refundable

Application Fee \$50.00 per person or \$75 per married couple

COPY OF PHOTO ID REQUIRED IN ORDER TO COMPLETE APPLICATION

Unit Number/Address

Current Owner's Name & Phone #

This notice of intent to lease/purchase must be accompanied by a legible copy of photo identification of each applicant over the age of 18 and **check, a cashier's check or money order**, made payable to Jackson Management and mailed to the address above.

PLEASE NOTE:

- Use of unit is limited to single family residency.
- Occupation of the unit is limited to Lessee/Purchaser and his/her immediate family listed below.
- Unit is to be occupied by no more than 4 persons (no more than two children)
- Unit may not be rented for periods of less than three weeks.
- **NO DOGS ALLOWED.** Please refer to the Rules and Regulations

THIS SECTION TO BE COMPLETED BY OWNER

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby serve notice, as seller (s) or Agent of the above referenced unit, I (we) intend to offer said for lease/purchase. I(we) understand and hereby agree that I (we) am fully responsible for ensuring the Lessee/purchaser and their guests abide by the Association Declaration of Covenants and Restriction and Rules and Regulations.

Please provide current owner contact information:

Mailing address: _____

Phone #: _____

Is this for purchase____or lease____? If lease, please provide dates of lease agreement:

From: _____ To: _____

THIS SECTION TO BE COMPLETED BY LESSEE/PURCHASER

(partially completed forms will not be accepted)

In order for the Board of Directors to facilitate consideration of this application for Lease/purchase of the above designated unit, I (we) understand that any falsification or misrepresentation of the information contained herein will result in an automatic rejection of this application. By my (our) signature, I (we) consent to any and all types of inquiries concerning verification of this application and related background checks. Convicted felons or sex offenders will not be approved. I (we) have read and 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/purchaser: (1) _____

DOB: _____ Soc Sec# _____

Present Address: _____

Phone # _____ How Long? _____ Own _____ Rent _____

If rented, please provide Name/Phone # of Landlord:

Employer: _____ Employer Phone #: _____

Name of Lessee/purchaser: (2) _____

DOB: _____ Soc Sec# _____

Present Address: _____

Phone # _____ How Long? _____ Own _____ Rent _____

If rented, please provide Name/Phone # of Landlord:

Employer: _____ Employer Phone #: _____

Additional Occupants: Please enter all additional occupants below along with their date of birth and relationship. This includes minor children.

Additional Occupant #1: _____

DOB: _____ Relationship: _____

Additional Occupant #2: _____

DOB: _____ Relationship: _____

Additional Occupant #3: _____

DOB: _____ Relationship: _____

Additional Occupant #4: _____

DOB: _____ Relationship: _____

Please provide two (2) personal references (local if possible)

Name: _____ Address _____

Phone: _____

Name: _____ Address _____

Phone _____

Please provide Bank references (purchaser's only)

Branch name/Address _____ Phone # _____

Branch name/Address _____ Phone# _____

Please provide vehicle information

Make _____ Model _____ Year _____ Tag# _____

Make _____ Model _____ Year _____ Tag# _____

Please provide emergency notification information:

Name: _____ Relationship: _____ Contact #: _____

Name: _____ Relationship: _____ Contact #: _____

Pertaining to the lease application:

Both owner and lessee agree, this lease may be terminated by the owner, and/or the Lochmoor Villas Condominium Association, at any time that the lessee is in violation of the published rules of the Association. The Board of Directors may, at their sole discretion, notify the owner of violations and their remedy, either fines or termination of the lease. The unit owner specifically agrees to immediately take legal action to terminate this lease when notified by the Board of Directors.

Dated this _____ day of _____ 20 _____.

Signature: _____

Lessee/Purchaser (1)

Signature: _____

Lessee/Purchaser (2)

THIS SECTION FOR ASSOCIATION USE ONLY

Processing fee received: \$ _____ Date of Interview: _____

Approved _____ Disapproved _____ By: _____ Date: _____

Additional Comments: _____

