

# LEASE APPROVAL APPLICATION

ASHTON LAKES COMMUNITY ASSOCIATION, INC.

2951 Clark Rd. Sarasota, FL 34231

Phone: 941-922-9603

Fax: 941-922-9667

Email: ashtonlakes@ashtonlakes.com

UNIT# _____	OWNER'S NAME: _____
SEASONAL: FROM _____	TO _____
ANNUAL: FROM _____	TO _____
Realtor Information: _____	Phone# _____
Name(s) of Lessee(s): _____	
<b>(Fully-completed Resident Information form must accompany)</b>	

1. I hereby agree for myself and on behalf of all persons who may use the unit that I seek to lease:
  - a) I will abide by all the restrictions contained in the Bylaws, Rules & Regulations, and restrictions which are or may in the future be imposed by THE ASHTON LAKES COMMUNITY ASSOCIATION, INC. or ASHTON LAKES ASSOCIATION NO. \_\_\_\_\_, INC.
  - b) I understand that pets are subject to the restrictions contained in the Declaration.
  - c) I understand that sub-leasing or occupancy of this unit in my absence is prohibited.
  - d) I understand that I must be present when any guests, visitors, or children who are not permanent residents occupy the unit.
  - e) I understand that any violation of the terms, provisions, conditions, and covenants of the Association documents provides cause for immediate action as therein provided or termination of the leasehold under appropriate circumstances.
2. I understand that the acceptance for Lease of a unit at THE ASHTON LAKES COMMUNITY ASSOCIATION, INC. is conditioned upon the truth and accuracy of this application, and upon approval of the Board of Directors. **Occupancy prior to approval is prohibited.** Any misrepresentation or falsification of information on these forms will result in the automatic rejection of this application.
3. I understand that the Board of Directors of THE ASHTON LAKES COMMUNITY ASSOCIATION, INC., or ASHTON LAKES NO. \_\_\_\_\_, INC., may cause to be instituted such investigation of my background as the Board may deem necessary. Accordingly, I specifically authorize the Board of Directors or their Agent to make such investigation and agree that the information contained in this and the attached application may be used in such investigation and that the Board of Directors and Officers of THE ASHTON LAKES COMMUNITY ASSOCIATION, INC., or ASHTON LAKE NO. \_\_\_\_\_, INC., itself shall be held harmless from any action or claim by me in connection with the use and information contained herein or any investigation conducted with the use of the information contained herein or any investigation conducted by the Board of Directors.
4. \_\_\_\_\_ \$50.00 application fee is attached. (Required only for Assns. 1, 4, 5, 9 and 10).
5. **I UNDERSTAND ALL LEASES MUST COMPLY WITH THE 1-MONTH MINIMUM RESTRICTION;  
THE 1 PET RESTRICTION; NEW FORMS MUST BE SUBMITTED WITH LEASE RENEWALS;  
AND THE OFFICE MUST BE NOTIFIED OF ANY CHANGE IN TENANT INFORMATION.**

**To: Landlords and/or Agents:** Has a criminal background check been obtained on this applicant? Yes  No

In making the foregoing application, I am aware that the decision of THE ASHTON LAKES COMMUNITY ASSOCIATION, INC., or ASHTON LAKES ASSOCIATION NO. \_\_\_\_\_, INC. will be final, and no reason will be given for any action taken by the Board. **Board Presidents have the right to speak to potential tenants prior to approval.**

APPLICANT \_\_\_\_\_ APPLICANT \_\_\_\_\_

Approval of Association by: \_\_\_\_\_ Date: \_\_\_\_\_