

Condominium Association of Golf Villas II, Inc.

9801 Perfect Drive, Port St. Lucie, FL 34986
772-460-4304 / 772-460-6212 (fax)
golfvillas2@advpropmgt.com

Application for Lease

For approval, please submit:

1. This form, filled out completely
2. A copy of the proposed Lease Agreement
3. Copy of the applicant's photo ID.
4. A check for \$75.00 payable to Condominium Association of Golf Villas II.

Incomplete Applications will not be processed or approved. Please note vehicle restrictions. Towing is enforced with 24 hour notice. No pets are allowed in rented units. For a complete list of rules please visit: golfvillas2.com/forms.html

Unit # _____

Applicant's Full Name: _____ **Date of Birth:** _____

Present Address: _____

Telephone #: _____ **Will you maintain this present address? Y / N**

Co-Applicant's Full Name: _____ **Date of Birth:** _____

Present Address: _____

Telephone #: _____ **Will you maintain this present address? Y / N**

Other Occupants: (please list all other persons who will be occupying the apartment)

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Check in date: _____ **Check out date:** _____

Parking is limited and restricted

Please list all the vehicles to be parked on the premises. In accordance with the Association Rules, residents may not keep commercial vehicles onsite. Other vehicles not allowed on the premises include: motorcycles, campers, trailers, motor homes, unregistered, unsightly, or inoperable vehicles.

Vehicle Type

Make

Year

License #

Personal References (must have three)

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Other information/Special Needs: _____

Emergency Contact Name: _____ Telephone: _____

I/We the undersigned applicant(s) do hereby certify that I/We have read, accept and unconditionally agree to abide by the Condominium Documents and Rules and Regulations of Condominium Association of Golf Villas II.

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Approved by the Board of Directors: _____ Date: _____

Please return to:

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9801 Perfect Drive
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