

**LEASE APPLICATION**  
**PLEASE ALLOW THIRTY (30) BUSINESS DAYS FOR PROCESSING**

Date \_\_\_\_\_ Property Address \_\_\_\_\_

**IMPORTANT CONCERNING APPLICANT:**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SOC. SEC# \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

DO YOU INTEND TO OCCUPY THE HOUSE? YES \_\_\_ NO \_\_\_ PHONE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ AGE: \_\_\_\_\_ SOC. SEC# \_\_\_\_\_

# OF CHILDREN \_\_\_\_\_ NAMES & AGES \_\_\_\_\_

OCCUPANTS OTHER THAN IMMEDIATE FAMILY: NAME \_\_\_\_\_

RELATION \_\_\_\_\_ AGE \_\_\_\_\_

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APPLICANTS EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ TITLE \_\_\_\_\_

NUMBER OF YEARS \_\_\_\_\_ ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

SPOUSES' EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_ TITLE \_\_\_\_\_

NUMBER OF YEARS \_\_\_\_\_ ADDRESS \_\_\_\_\_ SUPRVISOR \_\_\_\_\_

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PET: YES \_\_\_ NO \_\_\_ TYPRE & WEIGHT \_\_\_\_\_

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NEAREST RELATIVE IN CASE OF EMERGENCY \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**I (WE) FULLY AUTHORIZE INVESTIGATION OF ALL ANSWERS AND REFERENCES GIVEN.**

**I (WE) HEREBY AGREE TO ABIDE BY ALL DOCUMENTS AND RULES AND REGULATIONS OF LAKEFOREST AT ST. LUCIE WEST H.O.A. INCE, A COPY OF WHICH WAS RECEIVED FROM THE LESSOR.**

**IF LESSOR FAILS TO PROVDE A SET OF DOCUMENTS TO LEASEE, A COPY MAY BE OBTAINED FROM ASSOCIATION MANAGEMENT AT A COST OF \$50.00.**

**LEASEE AGREES THAT THE TERMS OF THE ATTCHED LEASE/CONTRACT ARE WITHIN THE REQUIREMENTS OF LAKEFOREST AT ST. LUCIE WEST H.O.A. INC. RULES & REGULATIONS.**

**I AGREE THAT I WILL NOT RENT TO ANY PERSON WHO HAS NOT BEEN APPROVED BY THE ASSOCIATION. RENTERS ARE NOT PERMITTED TO SUB-LEASE THEIR PREMISES.**

LEASEE \_\_\_\_\_ DATE \_\_\_\_\_

LEASEE \_\_\_\_\_ DATE \_\_\_\_\_