PIER POINT

CONDOMINIUMS ASSOCIATION OF JACKSONVILLE BEACH, INC

c/o PLAZA PROPERTY SERVICES, INC.
2365 Riverside Ave
JACKSONVILLE, FL 32204
904.265-5252

REQUEST OF APPROVAL FOR LEASE

Please submit at least ten (10) days prior to the effective date of the proposed lease:
1. A fully executed copy of the lease for not less than seven full months.
2. Copies of completed lease application for each adult occupant with copy of drivers' license.
3. Copy of Pet Owners Registration with photo of pet.
4. The security deposit of $500.00 (check #_____) payable to Pier Point Condominiums Association.
5. The transfer fee of $100.00 (check #_____) payable to PLAZA PROPERTY SERVICES LLC.
6. Owner/Agent verification that applicant(s) were screened and have a clear background check. They have a monthly gross income of $_____ which is at least three times the monthly rent. This information is confirmed by:

Print_____Signature_____Date _____

UNIT #_____

Owner: Name _____   Phone_____
          Address _____   Email _____

Contact Person – Sales Agent:
          Name_____   Phone_____
          Firm _____   Email_____

Lease Begin Date:_____   End Date: _____
Rental Amount $_____/month (plus electric, water, sewer)

Prospective Lessee(s):

Name_____Phone_____Email _____
Applicant employed by:_____Business phone_____
Position_____Length of employment_____Monthly income $_____
Vehicle Make_____ModelColor_____Year _____Tag #___

Name_____Phone_____Email _____
Applicant employed by:_____Business phone_____
Position_____Length of employment_____Monthly income $_____
Vehicle Make_____ModelColor_____Year _____Tag #___

Name_____Phone_____Email _____
Applicant employed by:_____Business phone_____
Position_____Length of employment_____Monthly income $_____
Vehicle Make_____ModelColor_____Year _____Tag #___

Names of Dependents (children under the age of 18 that will occupy the property)
Name_____Age_____
Name_____Age_____
Name_____Age_____

Pets: Breed/Type:_____Size (lbs) _____
        Breed/Type:_____Size (lbs) _____

Total # of Vehicles:_____   Owner's Parking Spaces #_____#_____
        (Additional vehicles and/or Guests are to park on 4th & 5th Avenues – public parking)

Total # of Fobs/Access cards: _____

ID number_____Name Assigned _____
ID number_____Name Assigned _____
ID number_____Name Assigned _____

The undersigned hereby requests approval of the lease. The undersigned lessee hereby affirms that he has read and will abide by the Declaration of Condominium, The Articles of Incorporation and By-Laws of the Association and the Rules and Regulations of Pier Point Condominiums Association, Inc. The undersigned certifies that all information is correct and accurate.

Signatures:

_____   _____
Owner/Lessor   Date   Lessee   Date

_____   _____
Owner/Lessor   Date   Lessee   Date

                                            _____
                                             Lessee   Date

                                            _____
                                             Lessee   Date

Approved By: _____
        Pier Point Condominiums Association, Inc.   Date