BOBCAT VILLAS HOMEOWNERS ASSOCIATION, INC.
LEASE APPLICATION

UNIT # _____ UNIT OWNER (LESSOR): _____

RENTAL AGENT (IF ANY): _____ PHONE: _____

LEASE TERM: FROM: _____ TO: _____

LESSEE INFORMATION:

1. **NAME: _____ SSN # _____**

   NAME: _____ SSN # _____

   CURRENT ADDRESS: _____ (AGES): _____

   CITY: _____ STATE: _____ ZIP: _____

   PHONE (HOME): _____ PHONE (WORK): _____

2. **NAME OF ALL PERSONS WHO WILL OCCUPY THE UNIT:**

   NAME: _____ RELATION: _____ AGE: _____ SSN: _____

   NAME: _____ RELATION: _____ AGE: _____ SSN: _____

   NAME: _____ RELATION: _____ AGE: _____ SSN: _____

   NAME: _____ RELATION: _____ AGE: _____ SSN: _____

3. **HOW MANY MOTOR VEHICLES WILL BE ON THE PREMISES: _____**

   MAKE/MODEL: _____ YEAR: _____

   COLOR: _____ LICENSE PLATE #: _____ STATE: _____

   MAKE/MODEL: _____ YEAR: _____

   COLOR: _____ LICENSE PLATE #: _____ STATE: _____

4. **PLACE OF EMPLOYMENT: _____**

   SUPERVISOR: _____ PHONE: _____

   EMPLOYED HOW LONG? _____ FROM: _____ TO: _____

   SUPERVISOR: _____ PHONE: _____

   EMPLOYED HOW LONG? _____ FROM: _____ TO: _____

5. **NEAREST RELATIVE TO NOTIFY IN CASE OF AN EMERGENCY:**

   NAME: _____ RELATIONSHIP: _____

   FULL ADDRESS: _____

   PHONE: _____

Who Has a Key to Your Unit in the Event the Association Needs Access?

Name: Phone Number:

Has anyone who plans to occupy the unit ever been convicted of a Felony? _____ NO _____ YES

If yes, when? _____ What was the charge? _____

Please provide a copy of the lease with this application.

Villas shall not be leased for a period of less than 30 days and can only be leased two (2) times during any calendar year.

LESSEE SIGNATURE (1) _____ DATE: _____

LESSEE SIGNATURE (2) _____ DATE: _____

BOARD APPROVAL: _____ Date: _____

Approval of any tenancy shall be at the sole discretion of the Board of Directors.

MAIL FULLY EXECUTED APPLICATION TO:

STAR HOSPITALITY MANAGEMENT, INC.
26530 MALLARD WAY
PUNTA GORDA, FL 33950
Phone: (941) 575-6764 Fax: (941) 575-7968