

The Intercoastal Condominium Association, Inc.
A Deed Restricted Community

Application for Lease

Note: Application must be submitted 14 days prior to occupancy for Board approval

Please include a copy of the proposed lease

A background check is required of all applicants.

\$150.00 APPLICATION FEE

PLEASE PRINT CLEARLY

Property to be Leased: _____ Lease Date: From _____ To _____

Owner's Name: _____

Owner's Address: _____

Owner's Email Address: _____

Owner's Home Tele #: _____ Cell/Work Tele: _____

Personal Data of Lessee: Names:

(1) _____ Phone Contact No. _____

(2) _____ Phone Contact No. _____

Present Address: _____

Email Address: _____

Home Telephone: _____ Cell/Work: _____

Employment: NAME AND ADDRESS: _____

Other Adults To Live in Unit:

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Children To Live in Unit:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Pet Information:

Type of Animal: _____
Type of Animal: _____

Breed: _____
Breed: _____

Weight: _____
Weight: _____

Vehicle Information:

Tag # _____ Make/Model _____ Year: _____

Tag # _____ Make/Model _____ Year: _____

There are only two parking spaces per unit.

Lease Data: *The lease is to be written for the entire unit and not just a portion thereof.*

Realtor: _____ **Telephone:** _____

Email Address: _____

Address: _____

A copy of the lease agreement is to be attached to this application.

Documents and Agreement (A background check is required of all applicants)

Lessee: I understand that The Intercoastal is a deed-restricted community, and I agree to abide by its documents and Rules and Regulations.

Signature: _____

I have received ___ have not ___ received a copy of the Rules and Regulations of the community.

Completed Applications for Board Approval should be Sent to:

Susan Ables, LCAM
Ameri-Tech Property Management, Inc.
24701 U.S. Highway 19 North, Suite 102
Clearwater, FL 33763
sables@ameritechmail.com

Telephone: (727) 726-8000 Ext. 506

FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: _____

Email Address: _____

Telephone: _____

Application Approved By: _____ Date: _____

Susan Ables, LCAM, Acting as Agent for The Intercoastal Condominium Association