

THE ISLANDS at CHARLESTON SHORES
HOMEOWNERS ASSOCIATION, INC.

LEASE APPLICATION

DATE: _____ UNIT ADDRESS: _____

DATE OF LEASE: _____

APPLICANT INFORMATION:

NAME 1: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

DRIVERS LICENSE/STATE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

NAME 2: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

DRIVERS LICENSE/STATE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

NO. OF ADULTS: _____ NO OF CHILDREN: _____

LIST ALL PERSONS TO OCCUPY UNIT NOT LISTED ABOVE:

NAME	RELATIONSHIP	AGE
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____



EMPLOYER: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____

EMPLOYER 2: _____

TITLE: _____ YEARS: _____

ADDRESS: _____ WORK NUMBER: _____



THE ISLANDS at CHARLESTON SHORES
HOMEOWNERS ASSOCIATION, INC.

PET INFORMATION:

TYPE BREED COLOR WEIGHT AGE LICENSE NUMBER

1. _____

2. _____

AUTOMOBILE INFORMATION:

VEHICLE #1

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #2

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

VEHICLE #3

MAKE: _____ **MODEL:** _____ **YEAR:** _____

TAG: _____ **STATE:** _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

PHONE: _____ **RELATIONSHIP:** _____

ADDRESS: _____



THE ISLANDS at CHARLESTON SHORES
HOMEOWNERS ASSOCIATION, INC.

PLEASE COMPLETE APPLICATION AND RETURN WITH PROCESSING FEE TO:

Islands at Charleston Shores H.O.A., Inc.
c/o Carolina Management Services, Inc.
P.O. Box 740425
Boynton Beach, FL 33474

- I (We) fully authorize investigation of all answers and references given on the application.
- I (We) fully acknowledge and agree that owner may not park a trailer, boat, van, camper, truck, or commercial vehicle at the ISLANDS H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of the Islands at Charleston Shores Homeowners Association, Inc.
- Owner acknowledges that they are responsible for Association assessments.
- Attached is the non-refundable processing fee of \$75.00 made payable to Carolina Management Services, Inc.
- Please include a copy of a Driver's License for each applicant.
- Please include a copy of the Lease Agreement.
- If any question is left blank, this application will not be processed and it will be returned to you.
- I (We) declare that the above information to be true and correct.

TENANT(S):

_____ DATE: _____

_____ DATE: _____

OWNER(S):

_____ DATE: _____

_____ DATE: _____

BOARD APPROVAL:

_____ DATE: _____

_____ DATE: _____