THE REEF HOMEOWNERS ASSOCIATION, INC.

LEASE APPLICATION

DATE: UN	IT ADDRESS:		
APPLICANT INFORMATION:			
NAME 1:	DATE	OF BIRTH:	
PRESENT ADDRESS:			
DRIVERS LICENSE/STATE:			
HOME PHONE:	CELL PHONE:		
EMAIL ADDRESS:			
NAME 2:	DATE (DATE OF BIRTH:	
DRIVERS LICENSE/STATE:			
HOME PHONE:	CELL PHONE:		
EMAIL ADDRESS:			
NO. OF ADULTS:	NO. OF CHILDREN:		
LIST ALL PERSONS TO OCCUPY	UNIT NOT LISTED ABOVE:		
NAME	RELATIONSHIP	AGE	
1)			
2)			
	YEARS:		
ADDRESSS:	WORK NUMBER:		
SPOUSE'S EMPLOYER:			
	YEARS:		
DDRESS:WORK NUMBER:			

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PET INFORMATION: COLOR WEIGHT AGE TYPE **BREED** LICENSE NUMBER **BANK INFORMATION** BANK NAME: ADDRESS: _____ ZIP CODE: _____ AGE OF ACCOUNT: _____YEARS CHECKING: ____ SAVINGS: ____ PHONE NUMBER: **CHARACTER REFERENCES** NAME: _____ PHONE NUMBER#: _____ ADDRESS: NAME: _____ PHONE NUMBER#: ____ ADDRESS: **AUTOMOBILE INFORMATION VEHICLE #1** MAKE: MODEL: _____ YEAR: _____ TAG: _____ STATE: **VEHICLE #2** MAKE: _____ **YEAR:** _____ MODEL: _____ TAG: STATE: **VEHICLE #3 YEAR:** _____ MAKE: _____ MODEL: _____ TAG: STATE:

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EMERGENCY CONTACT INFORMATION:

IONE:	RELATIONSHIP:	
DDRESS:		

- I (We) fully authorize investigation of all answers and references given on the application.
- I (We) fully acknowledge and agree that lessee may not park a trailer, boat, van, camper, truck, or commercial vehicle at the The Reef at Charleston Shores H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of The Reef at Charleston Shores Homeowners Association, Inc. Owner must review the documents with the Lessee.
- Lessee agrees that the terms of the attached lease are within the requirements of The Reef
- Lessor/Owner acknowledges that they are responsible for Association assessments.
- Attached is a non-refundable processing fee of \$\frac{\$75.00 made payable to Carolina Management}{\$\text{Services, Inc.}\$ P.O. Box 740425, Boynton Beach, Florida 33474 (561) 968-2182
- Please include a copy of a Driver's License for each applicant.
- If any question is left blank, this application will not be processed and it will be returned to you.
- This application is subject to approval by the Board of Directors.
- Willful misrepresentation will void any lease, contract, or agreement entered in connection with this application.
- I (We) declare that the above information to be true and correct.
- I (We) release the screening service company, its employees, and its members from any loss, expenses, or damages sustained directly or indirectly from information or reports furnished by the screening service company, as well as Carolina Management Services, Inc. and the Association.

LESSEE(S): (TENANT)		
	DATE:	
	DATE:	_
LESSOR(S): (OWNER)		
	DATE:	_
	DATE:	_
BOARD APPROVAL:		
	DATE:	_
	DATE:	
	DATE:	