

TAMPA BAY COMMUNITY ASSOCIATION, INC.
10641 Old Tampa Bay Dr. San Antonio, FL 33576

LEASE SUBMITTAL FORM AS PER MASTER
DECLARATION 6.23 RESTRICTIONS ON LEASING OF UNIT

THE FOLLOWING MUST BE INCLUDED WITH LEASE SUBMITTAL FORM:

- 1) \$100.00 FEE MADE PAYABLE TO TAMPA BAY COMMUNITY ASSOCIATION
- 2) LEASE AGREEMENT SIGNED BY ALL PARTIES
- 3) BACKGROUND CHECK MUST BE DONE ON ALL TENANTS (BACKGROUND CHECK MUST ALSO BE DONE ON ALL RENEWAL OF LEASES).
- 4) COPY OF PROOF OF AGE (DRIVER LICENSE, BIRTH CERTIFICATE, MILITARY ID, ETC) AT LEAST ONE (1) RESIDENT IS AT THE AGE OF FIFTY-FIVE (55) YEARS OR OVER AND MUST OCCUPY THE RESIDENCE DURING THE TERM OF THE LEASE. NO INDIVIDUAL UNDER THE AGE OF 22 CAN RESIDE IN UNIT.
- 5) ALL DOCUMENTS MUST BE SUBMITTED TWO WEEKS BEFORE TENANT MOVES INTO UNIT (ALL RENEWALS MUST BE SUBMITTED TWO WEEKS BEFORE CURRENT LEASE EXPIRES). **IF DOCUMENTS ARE NOT SUBMITTED WITHIN TWO WEEK NEW TENANTS AND RENEWALS MUST WAIT ONE WEEK FOR CREDENTIALS UPON APPROVAL. If lease is not approved Tenant will not receive credentials and could possibility face eviction. Renewals could face access card and gate access being shut off and possible eviction.**

Submittal Date: _____ Lease Term: From _____ To: _____

TENANTS/RESIDENTS OCCUPYING THE UNIT (WITH AGE):

(1) _____ (2) _____

(3) _____ (4) _____

(1) AUTO MAKE/MODEL/YEAR _____ LICENSE # _____

(2) AUTO MAKE/MODEL/YEAR _____ LICENSE # _____

UNIT OWNER(S) NAME _____ PHONE # _____

PROPERTY ADDRESS _____

HOA NAME _____ EMAIL ADDRESS: _____

The Owner hereby acknowledges that the Tenant(s) agree to be bound by the Association Deed Restrictions and that as Owner of the property I am responsible for any actions/violations caused by my Tenant(s) during the term of the Lease and that no occupancy of my unit shall be permitted by an individual between the ages of twenty two (22) and fifty-five (55) unless there is at least one (1) individual who is fifty~five (55) years of age or over in residence on the unit and that proof of age and \$100 Fee has been submitted as requested.

SIGNATURE OF THE OWNER _____

Acknowledged by HOA President _____

Approved by Master Board Member _____

Hérons Cove Homeowners Association minimum rental duration: **NO LESS THAN 180 DAYS**

Revision 10/9/19