

KEYWAY PLACE HOMEOWNERS ASSOCIATION
APPLICATION FOR LEASE

TO: Board of Directors Keyway Place Homeowners Association.
c/o Sean Noonan, CAM, Sunstate Management Group, Inc.

Lease Dates: From _____ to _____

HOMEOWNER INFORMATION

UNIT ADDRESS: _____ PRESENT OWNER: _____

APPLICANT INFORMATION

Name: _____ Spouse/Co-occupant: _____

Permanent Address (After Acquisition): _____

Names and Relationship of all person who will occupy the unit:

Current Address: _____ Telephone #: _____

Contact Phone numbers: Work #: _____ Mobile #: _____

Telephone number after acquisition if known: _____

Email Address(s): _____

From (mm/dd/yy): _____ To (mm/dd/yy): _____

Pet(s): Yes ___ No ___ if Yes, What Types(s): _____ Weight: _____

Vehicles: Make: _____ Year: _____ Model: _____ Tag: _____

Make: _____ Year: _____ Model: _____ Tag: _____

I/we have received and read the Keyway Place HOA Declaration and exhibits, By-Laws and Rules and Regulations and understand that its covenants impose responsibilities and restrictions on each unit owner/occupant at Keyway Place Homeowners Association and I/we agree to abide by them. **Executed lease must be sent to management upon receipt.**

Signature of Applicant: _____ Signature of Owner _____

Signature of Applicant: _____

Print Name of Applicant: _____ Print Name of Owner: _____

Date: _____ Date: _____

ASSOCIATION APPROVAL: APPROVED: _____ DISAPPROVED: _____

Signature: _____ Title: _____ Date: _____

Return to Sean Noonan, LCAM at Sunstate Management Group, P.O.Box 18809, Sarasota, FL 34276 or fax to: 941-870-9652. Or email Teri@sunstatemanagement.com Any questions call (941)-870-4920.