

**TUSCANY SUBDIVISION AT TAMPA PALMS
OWNERS ASSOCIATION, INC.**

NEW TENANT APPLICATION –

- **\$100.00 Lease Application Fee Required
(Made payable to Tuscany at Tampa Palms)**
- **Complete attached background check form**
- **Attach a copy of the executed lease**

PLEASE BE AWARE OF THE FOLLOWING OR THE APPLICATION WILL BE DENIED:

- **Owner must own the unit for 12 months prior to rental**
- **Rental application, background check and lease must be received 14 days before lease is to commence**
- **All applications must be complete when received by Management and Associates**

GENERAL INFORMATION:

1. Address of Unit being leased: _____
2. Number of Occupants: _____ Adults _____ Children _____ Total
Adult Occupant (1) Name: _____
Adult Occupant (2) Name: _____
Minor Occupant (3) Name: _____ Age _____
Minor Occupant (4) Name: _____ Age _____
3. Lease in Name(s) of: _____
4. Tenant's cell phone number: _____
5. Number of Pets: Dogs _____ Cats _____ Other _____ (please list below):

6. Anticipated move—in date: ___/___/___
7. Term of lease: _____
8. Automobiles, how many? _____

(ALL CARS MUST FIT IN THE DRIVEWAY MUST FIT IN THE DRIVEWAY WITHOUT BLOCKING THE SIDEWALK OR WILL BE TOWED AT THE OWNERS EXPENSE)

Make, Model, Color & Tag _____
Make, Model, Color & Tag _____
Make, Model, Color & Tag _____
Make, Model, Color & Tag _____

9. Has the tenant been provided a copy of the "Deed Restrictions"? Yes _____ No _____

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10. E-mail address: _____

11. Access cards/keys for amenities to be issued to: Tenant_____ Owner_____
(Note: access cards/keys may be issued to EITHER the tenant or the owner, but not to both).

Owner of unit (not their agent) please sign below:

Unit owner signature_____

Date of Execution: _____

Tenant(s) signature to acknowledge that you have received a copy and have read the deed restrictions . Also to authorize a full background check including a criminal background check, please sign below:

Tenant signature_____

Tenant signature_____

Date of Execution: _____