## BAY ESTATES AT RAINBOW LAKES HOMEOWNERS ASSOCIATION, INC.

## **LEASE APPLICATION**

DATE:	UNIT ADDRESS:					
LOT #	DATE OF LEASE:					
APPLICANT INFORMAT	ON:					
NAME 1:		DAT	E OF BIRTH:			
MAILING ADDRESS:						
HOME PHONE:	CI	ELL PHONE:				
EMAIL ADDRESS:						
NAME 2:		DATI	E OF BIRTH:			
MAILING ADDRESS:						
HOME PHONE:	CI	ELL PHONE:	<del></del>			
EMAIL ADDRESS:						
# OF ADULTS:	# (	OF CHILDREN:	<del></del>			
LIST ALL PERSONS TO C	OCCUPY UNIT NOT LIS	TED ABOVE:				
NAME	RI	ELATIONSHIP	AGE			
1)						
2)						
3)						
4)						
			•••••			
EMPLOYER:						
	YEARS:					
ADDRESSS:		WORK NUMBER:				
EMPLOYER 2:						
TITLE:		YEARS:				
ADDRESS:		WORK NUMBER:				

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PET INFO	RMATION:				
ТҮРЕ	BREED	COLOR	WEIGHT	AGE	LICENSE NUMBER
1					
2					
•••••	••••••	•••••		•••••••	
AUTOMO	BILE INFORMA	ΓΙΟΝ:			
VEHICLE	#1				
MAKE:		MO	DEL:		<b>YEAR:</b>
TAG:		STA	TE:		
VEHICLE	#2				
MAKE:		MO	DEL:		YEAR:
TAG:		STA	TE:		
VEHICLE	#3				
MAKE:		MO	DEL:		YEAR:
TAG:		STA	TE:		
VEHICLE	#4				
		MO	DEL:		YEAR:

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<b>EMER</b> (	GENCY CONTACT INFORMATION:
NAME:	
	: RELATIONSHIP:
ADDRE	SS:
PLEAS	SE COMPLETE APPLICATION AND RETURN WITH PROCESSING FEE TO:  Bay Estates at Rainbow Lakes 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 only park a trailer, boat, van, camper, truck, or commercial vehicle on the side or back of the home in the Bay Estates H.O.A. community.  I (We) hereby agree to abide by all Documents and Rules and Regulations of the Bay Estates H.O.A, 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 copy of 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.
TENAN	NT(S):
	DATE: