

**LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.**

**LEASE APPLICATION**

DATE: \_\_\_\_\_ UNIT ADDRESS: \_\_\_\_\_

**APPLICANT INFORMATION:**

NAME 1: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

DRIVERS LICENSE/STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAME 2: \_\_\_\_\_ 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
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

.....  
**EMPLOYER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **WORK NUMBER:** \_\_\_\_\_

**SPOUSE'S EMPLOYER:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **WORK NUMBER:** \_\_\_\_\_

.....  
**PET INFORMATION:**

TYPE	BREED	COLOR	WEIGHT	AGE	LICENSE NUMBER
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1. \_\_\_\_\_

2. \_\_\_\_\_

**LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.**

**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: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
TAG: \_\_\_\_\_ STATE: \_\_\_\_\_

**VEHICLE #3**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_  
TAG: \_\_\_\_\_ STATE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_



**LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.**

- I (We) fully authorize investigation of all answers and references given on the application.
- I/ (We) authorize the Association to perform a criminal and financial background check on all applicants.
- I (We) fully acknowledge and agree that the owner will provide a **\$ 1,000.00** security deposit to the Association which will be returned once any existing lease expires.
- I (We) fully acknowledge and agree that lessee may not park a trailer, boat, van, camper, truck, or commercial vehicle at the Legacy Chase H.O.A. community.
- I (We) hereby agree to abide by all Documents and Rules and Regulations of Legacy Chase 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 Legacy Chase Homeowners Association Rules and Regulations pertaining thereto.
- Renters are not allowed to sub-lease their apartment at any time.
- Lessor/Owner acknowledges that they are responsible for Association assessments.
- Attached is the non-refundable application fee of **\$ 60.00** per adult made payable to Legacy Chase H.O.A., Inc. and 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.
- 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:** \_\_\_\_\_

**C/O CAROLINA MANAGEMENT SERVICES, INC.  
P.O. BOX 740425**

**LEGACY CHASE HOMEOWNERS ASSOCIATION, INC.**

**BOYNTON BEACH, FL 33474**

**OFFICE: 561-968-2182**

**FAX: 561-357-9437**

E-MAIL: [wayne@carolinapm.com](mailto:wayne@carolinapm.com)

**ASSOCIATION HAS TEN (10) DAYS TO APPROVE THE LEASE APPLICATION AFTER COMPLETE PACKAGE IS RECEIVED BY THE PROPERTY MANAGER.**

**DATE:** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**LEASE APPLICATION**

1. Owner informed not to allow lessee to occupy unit before Board approval.
2. Complete Association's resident application form.
3. Executed statement signed by **Lessee/Lessor** that they agree to abide by all regulations of the Association. **(Please note that both parties must execute this form which is located on page 3 of the Resident Application)**
4. A **\$120.00 Application Fee (2 Tenants) or \$ 60.00 Application Fee (1 Tenant)** is enclosed and made payable to **Legacy Chase H.O.A., Inc.**
5. Outstanding document violations acknowledged and/or cured.
6. Assessments and other fees paid up to date.
7. Criminal Background check received and reviewed.
8. Board of Director made a decision on lease transaction.
9. Owner and Lessee informed of Board decision.
10. Owner must provide a **\$ 1,000.00** escrow deposit as per the governing documents.
11. Certificate of Approval of Lease provided to owner.
12. Copy of Driver's License for each tenant.
13. **\$ 75.00 Processing Fee** enclosed and made payable to **Carolina Management Services, Inc.**

**LEASE TRANSACTIONS**

1. Attach copy of lease for at least a six (6) month period of time.
2. Term of lease: \_\_\_\_\_
3. Lease Statement executed by **Lessee/Lessor** that **Lessor** is responsible for H.O.A. assessments.
4. Lots shall not be leased more than once in any six (6) month period.
5. The Association must either approve or disapprove a lease within 10 days after the next Board Meeting following submission of a complete and accurate request for approval.