

**GASPARILLA CONDOMINIUM ASSOCIATION, INC.
A 55+ COMMUNITY**

c/o Antares Group, Inc.
4195 S. Tamiami Trail, PMB #173, Venice, FL 34293
Phone (941) 484-7900 * Fax (941) 484-7099 * Toll Free 877-252-4354

**REQUEST FOR APPROVAL TO LEASE PROPERTY WITHIN THE
GASPARILLA CONDOMINIUM ASSOCIATION, INC.**

To: Gasparilla Condominium Association, Inc.

In accordance with the recorded Declaration of Condominium, I hereby request Board of Directors' consent to lease, FOR A PERIOD OF NOT LESS THAN ONE (1) MONTH, AND LEASE/RENT NOT MORE THAN THREE TIMES PER YEAR, my property described as:

Street Address: _____

The following information is submitted for consideration:

1. **Lessee(s) signature on this application indicates Lessee(s) have received, read and have an understanding of all Condominium Documents presently in effect together with all current Association Rules and Regulations. Note:** The temporary transfer of mail key is the responsibility of the lessor.
2. Number of persons that will be in continuous occupancy _____.
3. Number, make, model and types of vehicles to be parked on premises-**No trucks allowed:**
a. _____ b. _____
4. Any Pets ____ Breed and Weight _____ **NOTE: 1 Cat/1 Dog Not Over 30 Pounds.**
5. Real Estate Agent (if applicable) _____ Phone: _____
6. Duration of Lease: From _____ To _____
7. **Lessee will please attach a copy of driver's license or passport for all occupants.** This is required for a 55 and over community.
8. A **\$25.00 Screening/Processing fee must** be attached to this document, **the application will not be considered without the fee attached.** Fee will be refunded if application is not approved.

UNIT OWNER AS LESSOR:

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

UNIT LEASED/RENTED TO:

Name: _____ Phone: _____

Address: _____

City/State: _____ Zip: _____

Signed (Unit owner as Lessor): _____

Signed (Lessee): _____

Board Approval: _____ Date: _____