



LEASE APPLICATION

THE STRATFORD AT PELICAN BAY

I HEREBY APPLY FOR MEMBERSHIP IN THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC., AND UNDERSTAND THAT THE FILING OF THIS APPLICATION DOES NOT ESTABLISH ANY RIGHTS, LEGAL OR EQUITABLE, AGAINST THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC., OR ANY MEMBER THEREOF, AND THAT THIS APPLICATION IS SUBJECT TO THE CONSIDERATION AND ACTION THEREON BY THE ASSOCIATION, THROUGH ITS BOARD OF DIRECTORS.

Name: _____

Present Residence: _____

Occupation/Business: _____

Home Phone: _____ **Alternate Phone:** _____

Other Members of Family

Spouse: _____

<u>Children</u>	<u>Marital Status</u>	<u>Town/State</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this Application is approved and occupancy right granted, please list below members of your family and others, who will reside in the apartment:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much of each year do you plan to occupy the unit? _____

Employment (During past 10 years)

<u>Period</u>	<u>Name/Address of Employer</u>	<u>Profession</u>
_____	_____	_____
_____	_____	_____

REFERENCES (NAME/ADDRESS OF EACH)

Financial: _____

Character: _____

Membership in other condominium/cooperative apartment: _____

Organizations/Clubs (List social, fraternal and professional organizations of which you are a member or in which you hold or have held office.)

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

**RULES AND REGULATIONS
OF THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION**

I (WE) HAVE READ AND UNDERSTOOD THE DECLARATION OF CONDOMINIUM, THE BY-LAWS, THE CURRENT HOUSE AND GROUND RULES OF THE STRATFORD AT PELICAN BAY ASSOCIATION, INC., ALL IS AMENDED, AND AGREE WITHOUT ANY RESERVATIONS TO ABIDE BY THESE RULES AND REGULATIONS, AND ANY HEREAFTER ADOPTED, AND WILL ACCEPT THIS INTERPRETATION OF THE RULES AND REGULATIONS AS MAY BE MADE BY THE BOARD OF DIRECTORS.

I (WE) UNDERSTAND THAT THE RULES AND REGULATIONS ARE APPLICABLE TO EACH MEMBER AND ALL OTHER PERSONS OCCUPYING A MEMBER'S APARTMENT UNDER ANY FORM OF TENANCY.

I (WE) UNDERSTAND AND AGREE THAT ANY VIOLATION OF A RULE OR REGULATION IS SUBJECT TO REMEDIAL ACTION UNDER THE PROVISIONS OF THE STRATFORD AT PELICAN BAY CONDOMINIUM, PHASE 1, DECLARATION OF CONDOMINIUM.

ATTACHED IS A CHECK FOR ONE HUNDRED DOLLARS (\$100.00) MADE OUT TO THE STRATFORD AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC., WHICH IS NON-REFUNDABLE.

UNIT NO: _____

APPLICANT SIGNATURE: _____

S.S.#: _____

THE ABOVE APPLICANT WAS REVIEWED ON: **DATE:** _____

COMMITTEE NAMES: _____

APPROVAL/DISAPPROVAL: _____

SIGNATURE: _____
CHAIRMAN ADMISSION COMMITTEE MEMBER