

# TENANT RENTAL APPLICATION

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's Lic. No./State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status:  Married  Single Total Occupants:  Adults  Children

Spouse's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS #: \_\_\_\_\_

Address: \_\_\_\_\_ Driver's Lic. No./State: \_\_\_\_\_

Children's Name: \_\_\_\_\_

Children's Name: \_\_\_\_\_

Children's Name: \_\_\_\_\_

**Pets:**  Yes  No How many?  Type & Weight: \_\_\_\_\_

Number of Vehicles to be parked on Property (includes boats, RV's, trailers, vans, motorcycles)

#	Make/Model	Tag #	State	Expires	Assoc. Decal #
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____

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## Residence History – Past 3 Years

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Own:  Rent:

Name & Address of Present Landlord or Mortgage Company \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Own:  Rent:

Name & Address of Previous Landlord or Mortgage Company \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How Long? \_\_\_\_\_ Phone # \_\_\_\_\_  
Own:  Rent:

Name & Address of Previous Landlord or Mortgage Company \_\_\_\_\_

**NOTICE OF INTENT TO LEASE**

**CAMELOT BY THE LAKE CONDOMINIUM ASSOCIATION**

\_\_\_\_\_  
Property Owner Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Number/Address

\_\_\_\_\_  
Date

This notice of intent to lease and a fully executed copy of the related lease must be accompanied by Application Fee of \$100.00 per person (or married couple) made payable to “Camelot Condominium Association” and returned with application to Camelot the Lake Condominium Association, Inc., 5400 Hansel Avenue, Orlando FL, 32809

- The lease is subject to board approval and a copy must be in your file upon each renewal period.
- Use of the unit is limited to single family residency his/her immediate family listed below.
- Unit is to be occupied by no more than two unrelated persons.
- Units may not be sub-let

\_\_\_\_\_  
**THIS SECTION TO BE FILLED OUT BY THE LESSOR (OWNER/AGENT)**

**IN COMPLIANCE WITH THE DECLARATION OF THE COVENANTS AND RESTRICTIONS, OF THE ASSOCIATION, I/WE HEREBY SERVE NOTICE THAT AS OWNER(S) OR AGENT OF THE ABOVE REFERENCED UNIT, I/WE INTEND TO OFFER SAID UNIT FOR LEASE IN ACCORDANCE WITH THE LEASE AGREEMENT, NOT TO BE LESS THAN 7 MONTHS. UNIT IS TO BE LEASED FOR THE PERIOD BEGINNING \_\_\_\_\_ AND ENDING \_\_\_\_\_ AT THE MONTHLY RATE OF \$ \_\_\_\_\_.**

**I/WE UNDERSTAND AND HEREBY AGREE THAT I/WE ARE FULLY RESPONSIBLE FOR ENSURING THAT ALL LESSEE(S) AND THEIR GUESTS ABIDE BY THE ASSOCIATION’S DECLARATION OF COVENANTS AND RESTRICTIONS. I FURTHER AGREE TO PROVIDE SAID LESSEE(S) OF SAME.**

\_\_\_\_\_  
**SIGNATURE OF OWNER/AGENT**

\_\_\_\_\_  
**PRINT NAME**

**MAILING ADDRESS FOR RESPONSE OF UNIT OWNER(S):** \_\_\_\_\_

\_\_\_\_\_  
**DAY PHONE**

\_\_\_\_\_  
**NIGHT PHONE**