

**STRATH HAVEN CONDOMINIUM ASSOCIATION
OWNER'S APPLICATION TO LEASE UNIT # _____
(RESIDENTIAL USE)**

DATE: _____

NAME(S) OF OWNER(S): _____

CURRENT ADDRESS AND TELEPHONE NUMBER OF OWNER(S):

NAME(S) OF LESSEE(S):

CURRENT ADDRESS OF LESSEE(S):

LESSEE OCCUPATION(s): _____

NAMES OF PERSONS WHO WILL OCCUPY UNIT:

_____	AGE _____
_____	AGE _____
_____	AGE _____
_____	AGE _____

In compliance with Rule 7 of the SHCA Rules and Regulations, we submit the following information for consideration by the Board of Managers:

1. I/we will submit an application every time I/we wish to lease or renew a lease of the captioned unit at least ten **(10) days prior** to the effective date of the lease, or its extension.
2. I/we attach a copy of the executed lease, which contains the language and other terms required by Rules 1.3 and 7 of the Rules and Regulations of SHCA.
3. I/we certify that pursuant to Rule 8 of the Rules and Regulations of SHCA, we shall promptly report any change in occupancy of the unit.
4. I/we attach an application fee of \$75. Upon acceptance of the application, I/we shall furnish a \$500 escrow/security deposit as required by Rule 7 of the Rules

and Regulations of SHCA. The security deposit shall be forfeited if the tenancy is terminated prior to the initial 12-month lease period. Tenant shall not schedule a move until the \$500 escrow/security deposit has been paid. SHCA will accept the above fees paid only by check(s) drawn by the owner.

Realtor name and address, if applicable:

I/we hereby certify the information provided herein is complete and accurate.

I/We understand that I/we shall be jointly and severally liable with Lessee(s) for all damage to Common Elements and violations of the Declaration and Rules and Regulations resulting from Lessee(s) occupancy of the unit or use of the Strath Haven property whether resulting from acts of Lessee(s) or guests or invitees of Lessee(s).

Owner signature

Owner signature

ATTACHMENTS:

Section 1.3 and 7 of the Rules and Regulations of SHCA

LESSEE CERTIFICATION

DATE: _____ **UNIT #** _____

In connection with my/our intention to lease the above captioned unit at Strath Haven Condominium Association, I/we hereby certify that the information I/we have provided to the owner(s) is truthful and accurate.

We further certify that we have received and read the Rules and Regulations of the SHCA and that we and all occupants of the unit shall comply with them, as amended. We specifically acknowledge that we understand pets are not permitted in the buildings or in the pool enclosure.

Lessee (1) name and current address: Lessee (2) name and current address:

Lessee (1) signature

Lessee (2) signature