

REDINGTON REEF APARTMENTS

APPLICATION FOR APPROVAL TO LEASE APARTMENT UNIT

To: The Board of Directors
REDINGTON REEF APARTMENTS Association, Inc.

I hereby apply for approval to Lease Unit _____, in Redington Reef, an Apartment, for the period beginning _____, 200__ and ending _____, 200___. An Owners COMPLETED COPY OF THE SIGNED LEASE IS ATTACHED. **Owners may rent their apartment to one renter for minimum of (2) months, units may not be rented or loaned more than once in a two month period.**

AN APPLICATION FEE OF \$50.00 MUST ACCOMPANY THIS FORM
Please make payment to Redington Reef

In order to facilitate consideration of this application, I represent that the following information is factual and correct, and agree that any falsification or misrepresentation in this application will justify its disapproval. I consent to your further inquiry concerning this application, particularly of the reference given below.

PLEASE TYPE OR PRINT LEGIBLY THE FOLLOWING INFORMATION:

1. Full name of applicant _____ Age _____
2. Full name of spouse _____ Age _____
3. Home address _____

City/State _____ Zip _____

Phone Home () _____, Business Phone () _____

4. Excluding short term visits by immediate family, occupancy shall not exceed the following limits for the unit: Efficiency - Two (2) Persons Only, One Bedroom – Four (4) Persons Only, Two Bedroom – Six (6) Persons Only. Please state name, relationship and age of all other persons who will be occupying the unit on a regular basis.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

5. Person to be notified in case of emergency:

Name _____ Address _____

City/State _____ Zip _____

Phone () _____

6. Make of car(s) to be kept at the Apartments parking areas:

_____ Year/Make _____ License No. _____ State _____

_____ Year/Make _____ License No. _____ State _____

Parking Permit Number from Redington Reef: _____

7. Owners address for notices connected with this application:

Name _____ Address _____

City/State _____ Zip _____

Phone () _____

The prospective lessee will be advised by the Association office within a 14 day period, from the date of receipt of the application, whether or not this application has been approved.

DATED: _____
Applicant

DATED: _____
Owners Signature

MAIL ALL PAPERWORK TO:

Rampart Properties, Inc.
9887 Fourth St. N., Suite 301
St. Petersburg, Florida 33702
727-577-2200, fax 727-576-9605

APPLICATION APPROVED _____ APPLICATION DISAPPROVED _____

DATE: _____

BY: _____ TITLE _____

BY: _____ TITLE _____