

**LAKE TIPPECANOE OWNERS ASSOCIATION, INC.**

c/o Lighthouse Property Management  
16 Church Street, Osprey, FL 34229  
Phone: (941) 966-6844 Fax: (941) 966-7158

**APPLICATION FOR RENTAL**

... Please include with this application a \$25.00 processing fee payable to Lighthouse Property Management ...

Unit # \_\_\_\_\_ DATE \_\_\_\_\_

Address: \_\_\_\_\_

Rental Start Date: \_\_\_\_\_ Rental End Date: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Prospective Renter(s) Name: \_\_\_\_\_

Name of Spouse / Co-Applicant: \_\_\_\_\_

Prospective Renter(s) Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Number of passenger cars that will be legally parked regularly at the unit: \_\_\_\_\_

***PARKING OF TRUCKS, TRAILERS, CAMPERs, RV'S, MOTORCYCLES OR BOATS AT THE UNIT IS PROHIBITED AND MUST BE PLACED IN PARKING LOT ON WILKINSON ROAD***

Does prospective renter(s) intend to live permanently in unit? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enter the number of persons who will reside regularly in unit. \_\_\_\_\_

Rental leases will not be approved for any period of time less than one (1) rental per twelve (12) month period.

**Please initial** \_\_\_\_\_

Please check age. 1<sup>st</sup> occupant over 55 ( ) 2<sup>nd</sup> occupant over 55 ( )

**THIS IS A 55 AND OVER COMMUNITY**

Has the applicant obtained a complete set of our "Declaration of Condominium and By Laws" as well as all condominium rules & regulations established by the Board of Directors? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

The renter(s) signature on this application confirms that all information has been read and renter(s) agree to observe all rules, regulations and restrictions.

ACCORDING TO OUR CONDOMINIUM RULES AND REGULATIONS, A REPRESENTATIVE OF THE BOARD OF DIRECTORS WILL SCHEDULE AN INTERVIEW AT A TIME SUITABLE TO ALL PARTIES WITHIN 30 DAYS UPON RECEIPT OF THIS APPPLICATION. IF THE MOVE IN DATE HAS NOT TAKEN PLACE WITHIN 30 DAYS FROM THE DATE OF INTERVIEW, A NEW APPLICATION AND APPLICATION FEE OF \$50.00 MUST BE SUBMITTED.

The following must accompany this form:

- 1) Two (2) pieces of identification of proof of age over 55;
- 2) Copy of current completed lease signed by both parties.

Unit Owner(s)	Date	Lessee(s)	Date
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**BOARD OF DIRECTORS:** APPROVAL \_\_\_\_\_ DISAPPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_