

**Celery Lakes Homeowners Association, Inc.
Intention To Rent/Lease Form**

Date Submitted: _____ **Property Purchase Date:** _____ (Must be before 6/8/07 or owner occupied for a minimum of 2 years)

Property Owner(s): _____

Property Address: _____

Owner's Mailing Address: _____

Owner Phone Numbers: Home: _____ **Work:** _____ **Cell:** _____

Owner e-mail Address: _____

Is the property currently being rented: ☐ No ☐ Yes, **Current Lease Expiration:** _____

If Yes, does the current tenant intend on renewing the lease? ☐ Yes ☐ No

PLEASE READ AND SIGN

I/We have read the governing documents concerning the right to lease (Article IX, Section 20) and will abide by the terms stated. Failure to do so may terminate my/our ability to lease. I/We will provide the Board of Directors with the required documentation on prospective tenants as well as a copy of the lease with any approved tenants. Renting to a non-approved tenant may result in termination of my/our ability to lease.

Owner's Signature

Date

Owner's Signature

Date

FOR USE BY RENTAL COMMITTEE

Current on Assessments: ☐ Yes ☐ No **Any unpaid fines:** ☐ Yes ☐ No

Violations of Covenants on Existing Tenants: ☐ No ☐ Yes, **Correct in timely manner:** ☐ Y/N

Prior Violation of Leasing without Approval (Owner or Leasing Agent): ☐ Yes ☐ No

Property Purchase Date verified and has the right to lease: ☐ Yes ☐ No, **please explain:** _____

Provided Copy of Sample Lease: ☐ Yes ☐ No

FOR USE BY THE BOARD OF DIRECTORS

The Board of Directors decision on the ability to lease is:

☐ **Approved, provided that the Board of Directors approve the prospective tenant(s) and Lease.**

☐ **Denied, for the following reasons:** _____

Board of Directors Signature

Board of Directors Signature

Board of Directors Signature

Fax or e-mail form to:

Sentry Management
c/o Celery Lakes HOA
Attn: John Quinn
2180 West SR 434 Suite 5000
Longwood, FL 32779
Phone: (407) 788-6700 ext. 51107
Fax: (407) 788-7488
iquinn@sentrymgt.com (please cc: hoaboard@celerylakes.com)