

# MAYFAIR NEIGHBORHOOD ASSOCIATION INC.

c/o Condominium Associates at 24646 State Rd. 54, Suite 102 , Lutz, FL 33559  
813/341-0943 Phone  
813/949-6041 Fax  
[pasco@condominiumassociates.com](mailto:pasco@condominiumassociates.com)

## LEASE APPLICATION

ADDRESS \_\_\_\_\_ DATE OF OCCUPANCY \_\_\_\_\_

OWNER NAME \_\_\_\_\_ OWNER CONTACT NUMBER \_\_\_\_\_

Thank you for considering Mayfair Homeowners Association. A copy of your Photo Identification is required. This form must be completed and the Lease contracts attached before application will be processed.

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SEC ID# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ ST \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD OR MORTGAGE COMPANY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ MONTHLY AMOUNT PAID: \$ \_\_\_\_\_ VERIFIED: \_\_\_\_/\_\_\_\_/\_\_\_\_

EMPLOYER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ MO INCOME \$ \_\_\_\_\_ POSITION: \_\_\_\_\_ VERIFIED: \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL ID# \_\_\_\_\_ DOB \_\_\_\_\_ DL # \_\_\_\_\_ ST \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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LANDLORD OR MORTGAGE COMPANY: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ MO INCOME \$ \_\_\_\_\_ POSITION: \_\_\_\_\_ VERIFIED: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE LIST ALL OTHER PERSONS OCCUPYING THE UNIT:**

OCCUPANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ADULT ☐ MINOR ☐

OCCUPANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ADULT ☐ MINOR ☐

OCCUPANT NAME \_\_\_\_\_ PHONE \_\_\_\_\_ ADULT ☐ MINOR ☐

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**PET INFORMATION**

☐ CANINE ☐ FELINE BREED: \_\_\_\_\_ NAME: \_\_\_\_\_  
Rabies vaccination # \_\_\_\_\_ COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

☐ CANINE ☐ FELINE BREED: \_\_\_\_\_ NAME: \_\_\_\_\_  
Rabies vaccination # \_\_\_\_\_ COLOR: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

As per Florida Statute §585.69, all dogs and cats 4 months of age or older shall be vaccinated by a licensed veterinarian against rabies with a United States Government-approved vaccine. Proof of vaccination is required. All pets must remain on a leash and in control of the handler at all times. Pet handlers must immediately pick up pet waste from their pets. Failure to do so may result in a violation imposing a monetary fine, accordingly.

\_\_\_\_\_ Applicants Initial(s)

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**VEHICLE INFORMATION**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ TAG # \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_ YEAR \_\_\_\_\_ TAG # \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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**AUTHORIZATION OF RELEASE OF INFORMATION:** *Applicant(s) represent that all above information and statements on the application are true and complete, and hereby authorizes verification of any and all information relating to the residential history (rental or mortgage), employment history, criminal history records, court records and credit records. Applicant(s) acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of the State of Florida.*

**APPLICANTS(S)** agree to submit payment of \$50.00 per individual applicant payable to Mayfair Neighborhood Association, Inc., for a background search. Married applicants will submit \$50.00, total.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Applicant Date