

**SEMINOLE LAKES HOA
LEASE RENEWAL OR LEASE EXTENSION**

UNIT ADDRESS: _____

CHECK OFF LIST:

1. TERM IS AT LEAST FOR SIX (6) MONTHS.
2. ALL ASSESSMENTS ARE CURRENT.
3. FILES HAVE BEEN CHECKED FOR VIOLATIONS OR PROBLEMS THAT MAY HAVE OCCURRED DURING THE PRIOR TENANCY.

TENANT: _____

ADDRESS: _____

OWNER(S): _____

TERM OF LEASE: _____

NOTE:

THE ASSOCIATION HAS TEN (10) BUSINESS DAYS TO APPROVE LEASSEE AFTER CHECK LIST FOR LEASE IS COMPLETED BY THE PROPERTY MANAGER.

MANAGER RECEIVING: _____

DATE: _____

OFFICIAL USE ONLY:

(THREE SIGNATURES REQUIRED)

APPROVED

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

DISAPPROVED

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

REASON: _____
