



INSTRUCTIONS FOR COMPLETING THIS APPLICATION TO LEASE

1. Please print legibly or type information. Complete addresses & phone numbers are required.
2. If any questions are unanswered or left blank, this application will be returned unprocessed.
3. Missing information or lack of requested documents will cause delays in processing & approval of your application.
4. Only the applicants are authorized to sign this form.
5. A \$100.00 Application Fee, payable by check or money order payable to Maple Lakes Home Owners Association, Inc., is to be submitted/mailed with the completed application to address below.
7. A copy of the rental agreement signed by owner must accompany this application. Minimum one year lease allowed and renewable without fee to identical applicant(s). All HOA dues must be paid up to date by owner.



APPLICATION FOR APPROVAL TO LEASE - APPLICANT PORTION:

Maple Lakes address applying to lease: _____

To facilitate consideration of this application, Applicant represents that the following information is factual. Applicant is aware that any falsification or misrepresentation of the facts in this application will result in automatic rejection. Applicant consents to the making of further inquiry concerning this application, particularly of the references provided. Criminal records and rental history also may be checked by the Association and verified, and I hereby authorize disclosure of such information to the Association by a reporting agency. Occupancy of the residence is limited to a single family (the owners, their parents or their children).

Full name of Applicant _____ Phone: _____
 Occupation/Employer _____
 Full Name of Applicant _____ Phone: _____
 Occupation/Employer _____

Full name, and relationship to applicant of others who will occupy the residence with Applicant, including children:

NAME and RELATIONSHIP

Present address (leaving) of Applicant(s):

Owners/Managers Name: _____
 Street _____ City _____
 State _____ Zip _____ How Long _____
 Present phone: Home (____) _____ Office (____) _____
 Your Email: _____

Vehicles to be kept at Maple Lakes (provide address): _____

Make _____ Type _____ Year _____ Tag No _____ State _____
 Make _____ Type _____ Year _____ Tag No _____ State _____
 Drv Lic. # _____ Drv Lic. # _____

Applicant understands that no overnight parking on the streets is allowed except as otherwise permitted by the Association for special events. There shall be no parking on the sidewalks or lawn areas at any time.

Pets are permitted but no dangerous breeds. Dogs must be leashed and owner responsible for disposal of all excrement from all areas.

Do you have a pet(s)? Yes _____ No _____ Type of Pet _____ Weight _____

Person to be notified in case of emergency:

Name _____

Address _____

City, State, Zip _____

Phone No (including area code) (Home) _____

(Office) _____

Please provide management and/or owner information below of the Maple Lakes property:

Name _____

Address _____

City, State, Zip _____

Phone No (including area code) (Home) _____ Office _____

Planned occupancy date:

From (Date) _____ to _____

IMPORTANT – PLEASE NOTE:

The proposed Tenant(s) Agree that He/She/They:

- Have read the Rules & Regulations provided by owner or on <http://www.MapleLakes.info> and will abide by the rules.
- Pay promptly any sums due to the association, including compensation for any damages to the common elements or Association property, any fines levied pursuant to the Association By-Laws.

Dated: _____ Applicant: _____

Dated: _____ Applicant: _____

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FOR HOA OFFICE USE ONLY

RECEIPT:

Received by: _____ Date _____

BOARD ACTION: APPROVED _____ DISAPPROVED _____

Signature _____ Date _____