

**NOTICE OF INTENT TO LEASE**  
**FOUR SEASONS CONDOMINIUM ASSOCIATION OF WINTER PARK, INC.**  
**200 St. Andrews Blvd., Winter Park, FL 32792**

**Property Owner:** 200 St. Andrews Blvd, unit #

This notice of Intent to Lease and a fully executed copy of the related lease must be accompanied by payment of \$ 100.00 (one hundred) for each applicant, resident or married couple on record (over 18 years old), made payable to "Four Seasons Condominium Association" and returned to the Association's Board of Directors or the Community Association Manager. If uncertain, please contact the manager at 407-671-5559. No lease shall be made for a term of less than six (6) months. Use of the unit is limited to single-family residency. Occupation of the unit will be limited to approved lessee(s) below. Units may not be sub-let. Copy of the Four Seasons Rules & Regulations have been provided to the lessee(s).

**THIS SECTION IS TO BE COMPLETED BY THE OWNER/PROPERTY MANAGER**

In compliance with the Declaration of Covenants and Restrictions of the Association named above, I (we) hereby notice that as owner(s) Agent of the above referred unit, I (we) intend to offer said unit for lease in accordance with the attached lease agreement. Unit is to be leased for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. I (we) understand and hereby agree that I (we) am fully responsible for ensuring that my (our) Lessee(s) and their guests abide by the Association's Declaration of Covenants and Restrictions and Rules and Regulations. I further agree to provide said Lessee(s) with copies of same (copies can be found at [www.fourseasonswinterpark.com](http://www.fourseasonswinterpark.com)). Unless I am notified to the contrary within 30 (thirty) days of receipt of this completed notice and attachment, I will advise Lessee that the proposed lease has been approved.

Owners Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Phone Number: C \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
For Response contact: \_\_\_\_\_

**THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS THIS SECTION IS TO BE COMPLETED BY ALL**

**LESSEE(S).** I (we) intend to lease unit \_\_\_\_\_ located at 200 Saint Andrews Blvd., Winter Park, FL 32792, from \_\_\_\_\_ to \_\_\_\_\_. For the Association to facilitate consideration of my (our) application for lease of the above designated unit, I (we) am aware that any falsification or misrepresentation of the information contained herein will result in automatic rejection of this application. I (we) consent that you may make further inquiry concerning this application. I (we) also acknowledge that a background check will be performed as part of the application process. I (we) understand and will be bound by the Rules and Regulations for the above Association, including those applicable to both the Unit and common Property (copies can be found at [www.fourseasonswinterpark.com](http://www.fourseasonswinterpark.com)).

Name of Lessee: (1) \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Lessee: (2) \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**Units are for residence use only. The following person (s) in addition to lessee(s) will occupy the unit:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pets: Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_  
Pets: Type: \_\_\_\_\_ Weight: \_\_\_\_\_ Type: \_\_\_\_\_ Weight: \_\_\_\_\_

Vehicles: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Vehicles: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

In case of emergency: Name: \_\_\_\_\_ Cell: \_\_\_\_\_

I (We) understand that any violation of the terms, provisions, conditions and covenants of the Association documents and the Rules & Regulations provides cause for available immediate action as therein provided for termination of the leasehold under appropriate circumstances.

Lessee Signature: \_\_\_\_\_ Lessee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION FOR ASSOCIATION USE ONLY**

Processing fee received \$ \_\_\_\_\_ Check: \_\_\_\_\_ Lease contract attached? \_\_\_\_\_

DATE: **Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Four Seasons Condominium Association of Winter Park, Inc., and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for occupancy. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness, mode of living, present and previous employers and/or employment contracts, driving record/license, validity of social security number, personal references, criminal records, and any information that I have disclosed on my applications and/or attachments, exhibits.

I authorize Four Seasons Condominiums of Winter Park, Inc. to contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by Four Seasons Condominiums of Winter Park, Inc. to furnish the above-mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and or resumes are true and correct and that I have knowingly withheld any fact or circumstances that would be, if disclosed, affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by Four Seasons Condominiums of Winter Park, Inc. at any time during my occupancy with Four Seasons Condominiums of Winter Park, Inc.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of Four Seasons Condominiums of Winter Park, Inc. and within 5 days upon request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by Four Seasons Condominiums of Winter Park, Inc. based on the information contained in the report.

By signing below, I acknowledge understanding of the purpose of this Authorization form and its intended uses.

### **Applicant(s) information:**

Print Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Professional License(s) \_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Type \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

**IMPORTANT: the following information will be used by screening agency for identification purposes only to perform a background check. The information WILL NOT be used as part of the decision process of Four Seasons Condominiums of Winter Park, Inc.;**

Maiden, Other and/or Former Name(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Applicant(s) must complete a separate Release form**