

Sandal Cove Condominium I  
A Deed Restricted Community  
**Application for Lease**

Lease Minimum of 6 Months

*Note: Application must be submitted 20 days prior to occupancy for Board approval*

*Please include a copy of the proposed lease*

***A background check is required of all applicants***

**\$150.00 APPLICATION FEE**

**PLEASE PRINT CLEARLY**

Property to be Leased: \_\_\_\_\_ Lease Date: From \_\_\_\_\_ To \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Owner's Home Tele #: \_\_\_\_\_ Cell/Work Tele: \_\_\_\_\_

**Personal Data of Lessee: Names:**

(1) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

(2) \_\_\_\_\_ Phone Contact No. \_\_\_\_\_

Present Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Employment: NAME AND ADDRESS: \_\_\_\_\_

**Other Adults To Live in Unit:**

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

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

**Children To Live in Unit:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

If you have previously resided at Sandal Cove I, please list address:

\_\_\_\_\_

**Pet Information:** ( Pets require written Board approval. All rules are strictly enforced).

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  
Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_ Weight: \_\_\_\_\_

**Vehicle Information:**

Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year: \_\_\_\_\_  
Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year: \_\_\_\_\_

*(No boats, trailers, RVs, campers, motor homes, jet skis or buses are permitted on property overnight.)*

**Lease Data:** *There is a minimum written lease of six months. The lease is to be written for the entire unit and not just a portion thereof.*

Realtor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

*A copy of the lease agreement is to be attached to this application.*

**Documents and Agreement** (A background check is required of all applicants)

**Lessee:** I understand that Sandal Cove I is a deed-restricted community and I agree to abide by its documents and Rules and Regulations.

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

Have you reviewed the association documents found on the website <https://sandalcove.com/documents.php>

I have \_\_\_ have not \_\_\_ reviewed the documents.

Completed Applications for Board Approval should be Sent to:

Sierra King, LCAM  
Ameri-Tech Property Management, Inc.  
24701 U.S. Highway 19 North, Suite 102  
Clearwater, FL 33763  
[sking@ameritechmail.com](mailto:sking@ameritechmail.com)

Telephone: (727) 726-8000 x506 FAX: (727) 723-1101

Name and Address of Homeowner or Real Estate Agent to whom Approved Application is to be Mailed:

Homeowner/Agent: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Sierra King, LCAM, Acting as Sandal Cove Condominium I