

Cape Gardens Owner's Association/ Renter Profile

Email to: Reanna@keysenterprise.com. For questions, call 321.784.8011 Ext 204

Address: _____ Requested Move-in Date _____

Owner Name: _____ Phone # _____

Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION: Email: _____

Tenant Name: _____ Phone # _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License () _____ (Color Copy Attached)

Tenant Name: _____ Phone # _____

Employer Name: _____ Phone # _____

Occupation: _____ How Long _____

Driver's License () _____ (Color Copy Attached)

Number of children in residence _____ Names/Ages _____

Names/Ages _____ Names/Ages _____

Lease Term: from _____ to _____

In case of an emergency, contact _____

(Name)

(Relationship)

(Phone Number)

Vehicle(s):

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Color _____ Tag# _____ State _____

Pet: Cat _____ Dog _____ Weight: _____ (Limit 2) Other: _____

Description/Name of Pet: _____

REFERENCES: (We may contact these, please make sure they have valid phone numbers)

Previous Landlord: _____ Phone # _____

Previous Address _____ How Long _____

Business/Personal Name: _____ Phone # _____

TENANT/OWNER ACKNOWLEDGEMENT:

I understand that this complex is governed by rules and regulation that are a part of my lease and I have read and understand these rules and regulations. Cape Gardens Owner's Assn. is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY. Tenant signature of receipt of Rules and Regulations.

Signed: _____

Signed: _____

Owner/Agent

Tenant

Date: _____

Signed: _____

Tenant

Date: _____