



## Dolly Bay Condo Assn., Inc. Application For Lease Approval

Bldg. & Unit # \_\_\_\_\_ Number Of Bedrooms \_\_\_\_\_ Waterbed ( ) Yes ( ) No

Lease Dates \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Assn. Approval Needed for each Renewal

### Minimum Lease Period is One (1) Year

**Personal Information:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dob \_\_\_\_\_

Driver's License # \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Autos: Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag # & State \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Present Address : \_\_\_\_\_ How Long ? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ ( ) Own ( ) Rent

Landlord's Name & Phone #: \_\_\_\_\_

Pet Type (**NO DOGS ALLOWED**): \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**List Below All Other persons to Occupy Unit - Please Include Date Of Birth:**

1. \_\_\_\_\_ DOB \_\_\_\_\_ 3. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ 4. \_\_\_\_\_ DOB \_\_\_\_\_

**Employment Information :**

Present Employer : \_\_\_\_\_ Phone # \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employ: \_\_\_\_\_ Sup: \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse's Present Employer: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Position: \_\_\_\_\_ Length of Employ: \_\_\_\_\_ Sup: \_\_\_\_\_ Phone # \_\_\_\_\_

