

Crystal Pointe HOA Lease Application

Please complete all sections of this application in full.

Property Information

Address of Property to Lease: _____

Lease Term: From _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY)

Applicant Information

Applicant Name	Cell Number
_____	_____
_____	_____

Landlord Information

Landlord Name	Cell Number
_____	_____
_____	_____

All Occupants

Full Name	Age & Relationship to Lessee
_____	_____
_____	_____
_____	_____
_____	_____

Vehicle Information

Make	Model	Year	License Plate Number
_____	_____	_____	_____
_____	_____	_____	_____

Pet Information

Number of Pets: _____

Breeds

All occupants 18 years of age or older must sign below

Signature

By signing below, I certify that I have read the Governing Documents and Rules and Regulations and that the information provided above is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

**Please submit this application with a copy of the executed lease and \$25.00 check made payable to Crystal Pointe HOA to Crystal Pointe Property Manager.
2600 Crystal Pointe Way, Palm Beach Gardens, FL 33410**