LAKEWOOD CREST ASSOCIATION INC.

2753 State Road 580 Suite 202 Clearwater, FL 33761 TEL: (813) 855-4860 FAX: (727) 238-8801

FORM "A" – PAGE 1 OF 2

TO BE COMPLETED BY OWNERS WHO INTEND TO RENT OR LEASE A HOME IN LAKEWOOD CREST HOA.

DISCLOSURE OF

Adopted Rental Rules (as adopted November 9, 2016)

Your attention is drawn to the following Rental Rules:-

- a) Owners of Leased Properties shall submit to the Association and maintain with the Association, a current copy of the Lease.
- b) Owners of Leased Properties shall complete and file with the Association an Information Sheet with each Lease and which shall be signed by the prospective tenants wherein they agree to abide by the Covenants, Conditions, Rules & Restrictions for Lakewood Crest Association & are fully aware that the Association has the power to evict them under the conditions specified in Section 5.22 of the Declaration.
- c) No Lease can be less than 6 months.
- d) Owners of Leased Properties can only lease the property to one single family. Single Family shall be defined as "Single family" and "family" shall be defined as a maximum of two (2) unrelated persons living together as a single housekeeping unit, sharing kitchen and bedroom facilities; or one individual living alone; or more than one individual, at least two of whom must be related to each other by blood, marriage or legal adoption. No more than six (6) persons will be considered a single family, unless at least four of them are related to each other by blood, marriage or adoption.
- e) Only two (2) common household pets are permitted per Lot.
- f) No building or other improvements situated on any Lot shall be rented or leased separately from the rental or lease of the entire Lot.
- g) No part of any such building or other improvements shall be used for the purpose of renting rooms therein or as a boarding house, hotel, motel, tourist or motor court or any other type of transient accommodation such as halfway house, rehabilitation center, temporary welfare housing, etc.

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INFORMATION SHEET

PROPERTY ADDRESS RENTED/LEASED:		_
OWNER NAME:		
OWNER CONTACT TEL #:		
OWNER MAILING ADDRESS:		
EMAIL IS THE ABOVE PROPERTY MANAGED BY A MANAGED IF "YES" CONTACT DETAILS:		_
TEL:		
EMAIL		
NAME OF TENANTCONT	ΓACT TEL#	
EMAIL		
LEASE/RENTAL AGREEMENT TERM (Please Note: Minimum period required is 6 in ACCORDANCE WITH THE ADOPTED RULES OWNER & THE FOLLOWING:	months Lease)	_
COPY OF LEASE IS SUBMITTED TO THE ASSOCIATION: _	(initial)	
TENANT(S) HOUSED AT THE ABOVE ADDRESS ARE ONE DEFINED IN d) ABOVE:(initial)	SINGLE FAMILY AS	
IN ACCORDANCE WITH THE ADOPTED RULES THE TENATHE GOVERNING DOCUMENTS FOR LAKEWOOD CREST		Y
TENANT SIGNATURE:		
PRINTED NAMES:		
THE OWNER OF THE ABOVE-MENTIONED PROPERTY BY SIGN THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCURPROVIDE THE ASSOCIATION WITH UPDATES AS AND WHEN N	RATE AND AGREES TO	
OWNER(S) SIGNATURE PRINTED NA		•••