



## Lease Application

**Applicants Full Name:** \_\_\_\_\_

Address of Property: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lease Date's: \_\_\_\_\_ to \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ DL State: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Current Home Address: \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

Employer Phone: \_\_\_\_\_ Position: \_\_\_\_\_

**Automobile:** Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Tag #: \_\_\_\_\_ Color: \_\_\_\_\_

### Application check list:

- Fully completed** application, with owners and applicants' signature.
- Copy of driver's license or government ID for each applicant over age of 18
- Application Fee (non-refundable): \$150 per property, made payable to: SWCA
- Copy of signed lease
- HOA neighborhood approval (if applicable)

*The undersigned will be advised of approval status by the Association within fourteen (14) days from the date of receipt of **all** items listed on the above application checklist. In order to facilitate consideration of this application, the undersigned represents that the following information is factual and true and agree that any falsification or misrepresentation of the facts in this application, will justify its automatic rejection.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Association Complete Status:**  Yes  No

General Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Lease dated: \_\_\_\_\_, 20\_\_ between, "Tenant": \_\_\_\_\_ and  
 "Landlord": \_\_\_\_\_ "Address": \_\_\_\_\_

**Household Members:**

The Founding Documents of Shadow Wood Community Association provide that all residence are for single family use ONLY. Please state the name, relationship and age of all other persons who will occupy residence.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_  
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**Previous Addresses:**

**Dates Owned/Leased:**

A: \_\_\_\_\_ to \_\_\_\_\_  Own  Lease

Landlord Name & Phone Number: \_\_\_\_\_

B: \_\_\_\_\_ to \_\_\_\_\_  Own  Lease

Landlord Name & Phone Number: \_\_\_\_\_

C: \_\_\_\_\_ to \_\_\_\_\_  Own  Lease

Landlord Name & Phone Number: \_\_\_\_\_

**Person to notify in case of emergency, who will not be living with you:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Pets:**

Please list any pets that will reside in your home.

Name:	Breed/Type/Color of Animal:	Tag information:



**Receipt of Documents**  
**Lease Application**

I, the undersigned, acknowledge that I have received the following documents from Shadow Wood Community Association\* and agree to abide by their guidelines:

- 1. Declaration of Covenants
- 2. Amendments & Resolutions
- 3. By-Laws of Shadow Wood Community Association
- 4. Architectural Modification Procedures & Design Review Guidelines
- 5. Neighborhood HOA Documents if Applicable

*\*Please note, these documents should be provided by the rental agent and may be obtained at [www.swcathome.com](http://www.swcathome.com)*

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_