



Waterford Master Owners Association, Inc.

1460 Gleneagles Dr., Venice, FL 34292

Phone: (941) 484-8879

RENTAL APPLICATION

Name of Property Owner _____

Address of Property to be Rented _____

Tract # _____ Lot # _____

Primary Phone _____ Alternate Phone _____

Mailing Address _____

Name / Company of Rental Agent _____

Address of Rental Agent _____ Email of Rental Agent _____

Phone # of Rental Agent _____ Fax# _____

Name(s) of Renter _____

Mailing Address of Renter _____

Primary Phone # _____ Alternate Phone # _____

Renter Email Address _____

Rental Period (Not Less Than (3) Months) _____

Number of Adults Included in Rental Agreement _____ Number of Children (under 18yrs old) Included _____

Number of Pets (IF ALLOWED BY LEASE) _____

Type of Pet _____ Breed: _____

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THE ASSOCIATION DOES NOT ALLOW FOR ANY SUBLETTING OF THE RENTAL PROPERTY BY THE RENTER. IT IS THE RESPONSIBILITY OF THE OWNER OF THE PROPERTY TO SEE TO IT THAT THE RENTER HAS A COPY OF THE RULES AND REGULATIONS OF THE COMMUNITY. THE RENTER MUST ADHERE TO THE WATERFORD MASTER OWNERS ASSOC., INC. COVENANTS. ALONG WITH THIS APPLICATION ATTACH A COPY OF THE SIGNED LEASE AND A \$25.00 APPLICATION FEE PAYABLE TO WATERFORD MASTER OWNERS ASSOCIATION (WMOA).
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I HAVE READ THE ABOVE AND AGREE TO ACCEPT THE RESPONSIBILITIES AS STATED.

SIGNATURE OF THE OWNER _____

PRINTED NAME _____ DATE _____

Application Fee \$25.00 made payable to Waterford Master Owners Association is due along with application and a copy of the signed lease.

Waterford Master Owners Association Approval:

Name / Office: _____ Date: _____ Copies to Owner _____ Agent _____