

condohome, limited

serving condominium and homeowner associations

po box 360426 strongsville.ohio.44136

phone 440.572.7649 fax 866.743.3451 www.condohome.net

LEASE INFORMATION

Please complete and return this form **with a copy of the lease agreement and a check in the amount of \$75.00** payable to condohome limited. The leasing of your unit is subject to the following conditions:

1. The owner shall be responsible for any violations of the Association covenants and restrictions caused by the occupants of the home and for the payment of all assessments levied against the unit.
2. The lease must be subject to the provisions of the Association's Declarations, By-laws and Rules and Regulations.
3. Lease terms shall comply with the limitations established at the Association.
4. The owner shall provide the occupants with a copy of the Association's Rules and Regulations.
5. Any change in the information below shall be provided to the Association within 30 days of the change.

ADDRESS AT ASSOCIATION _____

OWNER _____ PHONE _____

ADDRESS _____

TENANT(S) _____

BUSINESS ADDRESS _____

HOME PHONE _____ WORK _____

CAR INFORMATION _____

LEASE TERMS:

MONTHLY RENT \$ _____

FROM _____ TO _____