GUIDELINES FOR THE LEASE
OF UNIT(S) AT HIDDEN SPRINGS CONDOMINIUMS:

The application fee is $100 per person or $150 per married couple and is nonrefundable regardless of acceptance or denial. Please include a copy of the driver’s license and social security card.

ALL intent to sell and intent to lease applications must be the current applications being used by the office and must be filled out completely and signed in all appropriate places.

Applications will be reviewed by the Hidden Springs Board of Directors including background checks (credit history, criminal records, etc.) will be considered in the review process. The Board of Directors may approve or deny application based on information obtained.

Applicant(s) will be interviewed by a member of the Hidden Springs Board of Directors if required.

All applicants MUST have Board approval prior to leasing, prior to moving into unit.

Owner’s Fill Out Highlight  Renter’s Fill Out Highlight

Thank you for your cooperation,
Hidden Springs Board of Directors
ATTENTION HIDDEN SPRINGS CONDOMINIUM OWNER WHO ARE GOING TO LEASE THEIR CONDOMINIUM:

**ALL** Intent to Lease applications must be the current applications being used and must be filled out completely and signed in all appropriate places.

* Must have copies of drivers’ license or form of identification for each adult,
* Copy of the social security card;
* UPON submitting application you will be called to setup an interview.

All applicants **MUST** have Board approval **prior** to lease any Hidden Springs Condominium

Application process can take up to 5 to 7 business day after the onsite interview; BE SURE TO ALLOW TIME PRIOR TO NEEDED TO MOVE IN FOR THE PROCESS TO AVOID MOVE IN DELAYS

Thank you for your cooperation,
Hidden Springs Board of Directors
INTENT TO LEASE
($100 pp or $150 married NON-REFUNDABLE APPLICATION FEE
(MONEY ORDER to be made out to ALL ABOUT MANAGEMENT)

THE BOARD WILL NOT ACCEPT OR WILL DENY PARTIALLY COMPLETED FORMS
WITHOUT PREJUDICE TO RE-SUBMISSION WHEN COMPLETED

HSC Unit Number & Address:

Owner(s):

Owner(s) Current Address:

Application Date: ____________________________

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TO BE COMPLETED BY THE OWNER:

IN COMPLIANCE WITH THE DECLARATION OF COVENANTS AND RESTRICTIONS OF HIDDEN SPRINGS, I (WE) HEREBY SERVE
NOTICE THAT, AS OWNER(S) OR AGENT OF THE ABOVE REFERENCED UNIT, I (WE) INTEND TO OFFER SAID UNIT FOR RENT OR
LEASE STRICTLY IN ACCORDANCE WITH THE TERMS AND CONDITIONS CONTAINED IN THE ATTACHED CONTRACT.

SAID UNIT IS TO BE LEASED FOR THE PERIOD BEGINNING _________ AND ENDING _________ AT A RENTAL RATE OF $ _______ PER MONTH FOR UNIT SIZE, NUMBER OF BEDROOMS: _______ (COPY OF LEASE IS ATTACHED.)

I HEREBY CONFIRM THAT I HAVE PROVIDED COPIES OF THE RULES AND REGULATIONS OF THE ASSOCIATION TO THE
LESSEE(S).

THE ASSOCIATION AND ITS MANAGEMENT AGENT, IN THE EVENT IT CONSENTS TO A LEASE, IS HEREBY AUTHORIZED TO
ACT AS OUR AGENT WITH FULL POWER AND AUTHORITY TO TAKE SUCH ACTION AS MAY BE REQUIRED, IF NECESSARY, TO
COMPEL COMPLIANCE BY OUR LESSEE(S) AND/OR THEIR GUESTS, WITH PROVISION OF THE DECLARATION OF COVENANT
AND RESTRICTIONS OF THE HIDDEN SPRINGS CONDOMINIUM ASSOCIATION, AND, WHERE NECESSARY, TO EVICT SAID
TENANTS FOR NON-COMPLIANCE. I UNDERSTAND THAT AS THE UNIT OWNER I REMAIN ULTIMATELY RESPONSIBLE FOR
COMPLIANCE AND FOR ALL COSTS AND EXPENSES INCURRED BY THE ASSOCIATION IN OBTAINING COMPLIANCE.

OWNER 1

PLEASE PRINT NAME

Phone No(s)

OWNER 1

PLEASE PRINT NAME

Phone No(s)

ALL BLANKS MUST BE COMPLETED AND A FULLY SIGNED COPY OF PROPOSED LEASE ATTACHED HERETO
BEFORE INTENT TO LEASE CAN BE SUBMITTED FOR APPROVAL.

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TO BE COMPLETED BY LESSEE(S)/TENANT(S):

I (WE) INTEND TO LEASE THE ABOVE UNIT, FOR THE PERIOD BEGINNING __________ AND ENDING __________. I (WE) ARE AWARE THAT ANY INCOMPLETENESS, FALSIFICATION OR MISREPRESENTATION OF THE INFORMATION CONTAINED HEREIN WILL RESULT IN AN AUTOMATIC REJECTION OF THIS APPLICATION.

I (WE) ACKNOWLEDGE AND UNDERSTAND THAT THE PROPERTY OFFERED FOR LEASE IS GOVERNED BY DEED RESTRICTIONS AND RULES AND REGULATIONS, WHICH ARE APPLICABLE TO BOTH THE UNIT AND COMMON PROPERTY, AND WHICH MAY BE AMENDED FROM TIME TO TIME BY THE ASSOCIATION NAMED ABOVE. I (WE) AGREE TO ABIDE BY SUCH DEED RESTRICTIONS AND RULES AND REGULATIONS. I ACKNOWLEDGE RECEIVING A COPY OF SAME AND HAVE HAD THE OPPORTUNITY TO EXAMINE THEM AND ASK ANY QUESTIONS THAT I MAY HAVE ABOUT THEM.

I (WE) UNDERSTAND THAT THE OCCUPANCY OF SAID UNIT WILL BE LIMITED TO THE LESSEE AND HIS IMMEDIATE FAMILY. UNITS IS TO BE OCCUPIED BY NO MORE THAN _____ (_____) PERSONS. I (WE) AGREE THAT WE WILL NOT SUBLET THE UNIT TO ANYONE AT ANY TIME.

I (WE) CONSENT THAT YOU MAY MAKE FURTHER INQUIRY CONCERNING THIS APPLICATION, INCLUDING ANY/ALL OF THE REFERENCES GIVEN BELOW:

LESSEE 1:_________________________ LESSEE 2:_________________________
SSN:____________________________ SSN:____________________________
OCCUPATION:________________________ OCCUPATION:________________________
EMPLOYER:________________________ EMPLOYER:________________________
LENGTH OF EMPLOYMENT:________________________ LENGTH OF EMPLOYMENT:________________________
PHONE FOR EMPLOYER:________________________ PHONE FOR EMPLOYER:________________________
FAX FOR EMPLOYER:________________________ FAX FOR EMPLOYER:________________________
BIRTH DATE:________________________ BIRTH DATE:________________________
MONTHLY INCOME:________________________ MONTHLY INCOME:________________________
EMAIL TO BE USED FOR APPLICATION RESULTS:________________________
CURRENT HOME ADDRESS:________________________________________ CITY/ST/ZIP
LENGTH OF RESIDENCY:________________________________________
CURRENT HOME PHONE:________________________________________
NAME AND ADDRESS OF CURRENT LANDLORD OR MORTGAGE COMPANY:________________________________________
PHONE NUMBER:________________________________________
CURRENT MONTHLY RENT OR MORTGAGE PAYMENT:________________________
PREVIOUS ADDRESS OF RESIDENCY:________________________________________
NAME AND ADDRESS OF CURRENT LANDLORD OR MORTGAGE COMPANY:________________________________________
PHONE NUMBER:________________________________________

I (WE) UNDERSTAND THAT I (WE) ARE SUBJECT TO THE DECLARATION, RULES & REGULATIONS, AND BYLAWS OF THE ASSOCIATION AND MUST ABIDE AN OWNER IN HIDDEN SPRINGS CONDOMINIUM ASSOCIATION. I (WE) HAVE RECEIVED COPIES OF THESE DOCUMENTS AND HAVE READ THEM. LESSEE TO INITIAL HERE: __________________________
A NON-REFUNDABLE APPLICATION FEE OF $100 pp or $150 married IS DUE AND PAYABLE TO ALL ABOUT MANAGEMENT WITH THIS APPLICATION. A COPY OF THE LEASE IS ATTACHED TO THIS APPLICATION.

I (WE) UNDERSTAND THAT ANY VIOLATION OF THE TERMS, PROVISIONS, CONDITIONS, AND COVENANTS OF HIDDEN SPRINGS’ DOCUMENTS PROVIDES CAUSE FOR AVAILABLE IMMEDIATE ACTION AS THEREIN PROVIDED OR TERMINATION OF THE LEASEHOLD UNDER APPROPRIATE CIRCUMSTANCES. PLEASE NOTIFY THE ON-SITE OFFICE WHEN YOUR PHONE NUMBER IS ISSUED TO YOU.

I (WE) HEREBY ACKNOWLEDGE, UNDERSTAND, ACCEPT AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS.

I (WE) REPRESENT THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE AND I (WE) ALSO UNDERSTANDS THAT WE ARE HEREBY AUTHORIZING YOU TO OBTAIN AND CONSIDER AN INVESTIGATIVE CONSUMER REPORT AND VERIFICATION OF ANY AND ALL INFORMATION RELATING TO RESIDENTIAL, EMPLOYMENT, AND CRIMINAL HISTORY, COURT RECORDS AND CREDIT REPORTS. I (WE) FURTHER ACKNOWLEDGE THAT FALSE OR INCOMPLETE INFORMATION HEREIN SHALL CONSTITUTE GROUNDS FOR REJECTION OF THIS APPLICATION, TERMINATION OF THE RIGHT OF OCCUPANCY AND/OR FORFEITURE OF DEPOSITS AND MAY CONSTITUTE A CRIMINAL OFFENSE UNDER STATE LAW.

LESSEE

PLEAS PRINT NAME

LESSEE

PLEASE PRINT NAME

UNITS ARE FOR SINGLE-FAMILY RESIDENTS ONLY. THE FOLLOWING PERSON(S), IN ADDITION TO THE LESSEE(S) WILL OCCUPY THE UNIT:

NAME: ____________________________ NAME: ____________________________

RELATIONSHIP TO LESSEE: ____________________________ RELATIONSHIP TO LESSEE: ____________________________

THE FOLLOWING PET(S) WILL OCCUPY THE UNIT:

TYPE: ____________________________ TYPE: ____________________________

WEIGHT: ____________________________ WEIGHT: ____________________________

LIST TWO (2) PERSONAL REFERENCES (LOCAL, IF POSSIBLE):

NAME: ____________________________ NAME: ____________________________

ADDRESS: ____________________________ ADDRESS: ____________________________

PHONE: ____________________________ PHONE: ____________________________

VEHICLE INFORMATION:

MAKE: ____________________________ MODEL: ____________________________

YEAR: ____________________________ TAG: ____________________________ STATE: ____________________________
MAKE: ______________________  MODEL: ______________________

YEAR: _____________________  TAG: _________________________  STATE: ______________________

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME: ______________________

ADDRESS: _____________________________________________

PHONE: ______________________

MANAGEMENT COMPANY INFORMATION (IF APPLICABLE):

NAME OF COMPANY: _________________________________________

NAME OF PROPERTY MANAGER: ________________________________

PHONE OF PROPERTY MANAGER: _______________________________

HAS AN EVICTION EVER BEEN FILED AGAINST YOU?  ____ NO  ____ YES

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  ____ NO  ____ YES

THIS SECTION FOR ASSOCIATIONS USE ONLY:

APPLICATION FEE RECEIVED: $____________________  DATE:_____________________

LEASE ATTACHED: YES:____ NO:____  DATE:_____________________


EMERGENCY INFORMATION SHEET (OWNER FILE)

UNIT ADDRESS: ___________________________ OWNER-OCUPIED: _______ RENTAL: _______

OWNER’S NAME(S): __________________________

MAILING ADDRESS: __________________________

PHONE: ___________________ DAYTIME: ___________ EVENING: ___________

FAX: ___________________ EMAIL: ___________________ 

I. RESIDENT INFORMATION – OCCUPANTS: OWNER: _______ OR RENTERS: _______

If renters, phone numbers: Daytime: ___________________ Evening: ___________________

Cell Phone: ___________________

NAMES OF ALL PERSON(S) RESIDING IN UNIT

1. ___________________________ AGE

2. ___________________________

3. ___________________________

4. ___________________________

5. ___________________________

6. ___________________________

If rented, name/address/phone of management agent: ___________________________

II. PET INFORMATION  Number of pet(s): ________________

Type of pet: _______ Description of pet: ___________________ Weight: ________________
(dog/cat) (breed, color, etc.)

Type of pet: _______ Description of pet: ___________________ Weight: ________________
(dog/cat) (breed, color, etc.)

Type of pet: _______ Description of pet: ___________________ Weight: ________________
(dog/cat) (breed, color, etc.)
III. VEHICLE INFORMATION (OWNER-OCUPIED OR RENTERS)

Vehicle #1: OWNER-OCUPIED OR RENTERS

Make (ie: Pontiac, Dodge, Toyota): ____________________________
Model (ie: Grand AM, Ram 150, Camry): _______________________
Color: ____________________________________________________
License Plate (tag) #: ________________________________________

Vehicle #2: OWNER-OCUPIED OR RENTERS

Make (ie: Pontiac, Dodge, Toyota): ____________________________
Model (ie: Grand AM, Ram 150, Camry): _______________________
Color: ____________________________________________________
License Plate (tag) #: ________________________________________

Vehicle #3: OWNER-OCUPIED OR RENTERS

Make (ie: Pontiac, Dodge, Toyota): ____________________________
Model (ie: Grand AM, Ram 150, Camry): _______________________
Color: ____________________________________________________
License Plate (tag) #: ________________________________________

Signed: __________________________ Date: _________________
(signature of owner)

Signed: __________________________ Date: _________________
(signature of renter)

IF UNIT IS RENTED, A COPY OF THE RENTAL/LEASE AGREEMENT IS ATTACHED HERETO IN COMPLIANCE
WITH THE GOVERNING DOCUMENTS OF HIDDEN SPRINGS CONDOMINIUM ASSOCIATION.

OWNER ACKNOWLEDGES THAT A COPY OF THE RULES AND REGULATIONS HAS BEEN PROVIDED TO ALL
TENANTS.

OWNER IS RESPONSIBLE FOR NOTIFYING MANAGEMENT COMPANY IN WRITING OF ANY CHANGES TO THE
ABOVE INFORMATION, INCLUDING CHANGE OF MAILING ADDRESS.
EMERGENCY INFORMATION FORM

OWNER INFORMATION
UNIT #_________  ☐ Owner Occupied  ☐ Rental Unit
NAME: ____________________________
MAILING ADDRESS: ____________________________

Home #: ____________________________
Owner Work #1: ____________________________ Cell #: ____________________________
Owner Work #2: ____________________________ Cell #: ____________________________
Owner Email #1: ____________________________
Owner Email #2: ____________________________

RENTER INFORMATION
NAME: ____________________________
MAILING ADDRESS: ____________________________

Home #: ____________________________
Owner Work #1: ____________________________ Cell #: ____________________________
Owner Work #2: ____________________________ Cell #: ____________________________
Owner Email #1: ____________________________
Owner Email #2: ____________________________

RESIDENT INFORMATION
NAME(S): ____________________________ AGE: ____________________________

PET(S)/BREED: ____________________________ LBS: ____________________________

VEHICLES PARKING SPACE #:________

Signature: ____________________________ Date: ____________________________
ADDENDUM FOR INTENT TO LEASE

THE BOARD WILL NOT ACCEPT PARTIALLY COMPLETED FORMS

UNIT ADDRESS: ____________________________________________________________

NAME(S): __________________________________________________________________________

TODAY’S DATE: __________________________

I/We ________________________________ have read and understand the Rules & regulations and all
governing documents for Hidden Springs Condominium Association.

It is understood that condominium lifestyle is dependent upon all resident complying with all of the
governing documents including the Rules & Regulations. It is further understood these rules are for the
good of the community in order to maintain and increase property values for the owners as well as create a
peaceful community for all of the residents.

I/We ________________________________ agree to comply with all of the rules as they have been
presented to us. If there are any violations by ourselves, any of our guests or members of our family we
understand that we will be held responsible.

Should we continue to violate the rules we understand that we may be subject to removal from the unit if we
are leasing and we agree to cooperate fully with the owner and the association should this remedy become
necessary on our behalf.

I/We ________________________________ further understand that alcoholic beverages are not to be
imbibed while standing outside of the unit or walking down the sidewalks of the community.

I/We ________________________________ further understand that Hidden Springs
Condominium is a family-oriented community with various lifestyles and every effort must be made to
respect our neighbors and the youngest member of our community.

______________________________________________________________________________

APPLICANT (1) DATE

PLEASE PRINT NAME

______________________________________________________________________________

APPLICANT (2) DATE

PLEASE PRINT NAME
LEASE ADDENDUM FOR DRUG FEE HOUSING

In consideration of the execution or renewal of a lease for the dwelling unit identified in the Lease, LESSOR and LESSEE agree as follows:

1. LESSEE, an member of the LESSEE’S household, or a guest or other person under the LESSEE’S control, shall not engage in criminal activity, including drug-related criminal activity, on or near the lease premises. “Drug related criminal activity” means the illegal manufacture, sell, distribute, or use, of a controlled substance (as defined in section 102 of the Control Substances Act (21 U.S.C. 802).

2. LESSEE, any member of the LESSEE’S household, or guest or other person under LESSEE’S control “shall not engage in any act intended to facilitate criminal activity,” including drug related criminal activity, on or near the lease premises.

3. LESSEE, or members of the household “will not permit the dwelling unit to be used for, or to facilitate criminal activity,” including drug related criminal activity.

4. LESSEE, or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any located whether on or near the leased premises or otherwise.

5. LESSEE, any member of the LESSEE, any member of the LESSEE’S household, or guest or other person under LESSEE’S control “shall not engage in acts in acts or threats of violence, “including, but not limited to, the unlawful discharge of firearms, on or near the lease premises.

6. “VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.” A single violation of any of the provision of this addendum shall be deemed a serious violation and a material non-compliance with the lease and the Rules and Regulations governing Hidden Springs Condominium Association according to, but not limited to, Article 5.5 & 5.6. It is understood and agreed that a single violation shall be good cause for termination of the lease and either LESSOR or THE BOARD OF DIRECTORS FOR HIDDEN SPRINGS CONDOMINIUM ASSOCIATION shall have the authority to demand immediate vacating of leased premises. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.

7. In case of conflict between the provisions of the lease addendum and any other provisions of the lease, the provisions of the lease addendum shall govern.

8. this lease addendum is incorporated into the lease executed or renewed this day between LESSOR and LESSEE.

LESSEE: ___________________________ Date: _______________

LESSEE: ___________________________ Date: _______________

LESSOR: ___________________________ Date: _______________
1st Advantage – Safe Rent

APPLICANT AUTHORIZATION RELEASE

In connection with my for residence at ______________________________
I hereby authorize any consumer agency, current and previous employer, current and any
former landlord, law enforcement agency, any check authorization agency, and state
employment security agency to release all information any of them may have about me to 1st
Advantage-Safe Rent. I hereby release all of these parties from any liability in connection with
release of such information. I also authorize the use of 1st Advantage Safe-Rent of data
contained in my application for residence for demographically or other types of studies or
reports.

A facsimile or other copy of this authorization shall be sufficient for release of aforesaid parties.

I have submitted a non-refundable fee of $________ / _________ to process my application for
residence. I understand that this sum is not a rental payment or deposit and will not be refunded
even if my application is denied or cancelled by me after submission.

This authorization is for the transaction only and continues in effect for one (1) year unless
limited by state law, in which case the authorization form continues in effect for the maximum
period not to exceed one (1) year allowed by law.

_________ / __________
Date

Signature

_________ / __________
Social Security Number

Printed Name

_________ / __________
Date

Signature

_________ / __________
Social Security Number

Printed Name