

BAY ESTATES H.O.A., INC.

LEASE RENEWAL OR LEASE EXTENSION

PROPERTY ADDRESS:

CHECK OFF LIST:

1. TERM IS AT LEAST FOR SIX (6) MONTHS.
2. ALL ASSESSMENTS ARE PAID IN FULL.
3. FILES HAVE BEEN CHECKED FOR VIOLATIONS OR PROBLEMS THAT MAY HAVE OCCURRED DURING THE PRIOR TENANCY.

TENANT: _____

OWNER(S): _____

TERM OF LEASE: _____

NOTE:

THE ASSOCIATION HAS TEN (10) BUSINESS DAYS TO APPROVE LEASSEE AFTER CHECK LIST FOR LEASE IS COMPLETED BY THE PROPERTY MANAGER.

MANAGER RECEIVING: _____

DATE: _____

BOARD APPROVAL: _____