



South Point Trail Condominium Association

PO Box 360426
Strongsville, Ohio 44136
Phone (440) 572-7649
<http://sptrail.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 South Point Trail Condominium. 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 unit 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 not be less than 4 months nor more than 24 consecutive months.
4. The owner shall provide the occupants with a copy of the Association's Rules and Regulations.
5. The maximum term of all leasing of a unit, on a cumulative basis, is two years.
6. Any change in the information below shall be provided to the Association within 30 days of the change.

UNIT ADDRESS _____ South Point Trail

OWNER _____ PHONE _____

ADDRESS _____

TENANT(S) _____

BUSINESS ADDRESS _____

HOME PHONE _____ WORK _____

CAR INFORMATION _____

LEASE TERMS:

MONTHLY RENT \$ _____

FROM _____ TO _____