

# PANTHER TRACE VILLAS

ASSOCIATION, INC.

## TENANT LEASE APPLICATION

### General Information

Address of Leased Unit: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_

Anticipated Move in Date: \_\_\_\_\_ Lease Term: \_\_\_\_\_

Print Unit Owner Name: \_\_\_\_\_

Unit Owner's Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Unit Owner's Email: \_\_\_\_\_

Tenant has been provided and agrees to adhere to Association Documents and Rules: Yes \_\_\_ No \_\_\_

NOTE: Owner must provide tenant with gate remote(s) and all access cards and/or keys to amenities

### Tenant Information

Tenant Full Name: \_\_\_\_\_

Name on Lease (if different): \_\_\_\_\_

Tenant's Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Tenant's Email: \_\_\_\_\_

Number of Occupants: Total \_\_\_\_\_ Adults \_\_\_\_\_ Children (Names & Ages Detailed Below) \_\_\_\_\_

Number of Pets (Limited to 3 in Total): Dog \_\_\_\_\_ Cat \_\_\_\_\_ Bird \_\_\_\_\_

Make, Model, Color & Tag of all Automobiles: \_\_\_\_\_

\_\_\_\_\_  
Unit Owner Signature (not agent)

\_\_\_\_\_  
Date

Please attach a copy of the lease and the \$25.00 fee with this application. The only two acceptable forms of payment are check or money order payable to the HOA.

**PLEASE RETURN THIS FORM IMMEDIATELY TO THE MANAGEMENT OFFICE USING CONTACT INFORMATION BELOW**

McNeil Management Services, Inc.  
P.O. Box, 6235, Brandon, FL 33508-6004  
Phone: (813) 571-7100 Fax: (813) 689-2747  
Email: [management@mcneilmsi.com](mailto:management@mcneilmsi.com)  
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