

VILLAS OF WINDMILL POINT II POA., INC.

273 SW STERRETT CIRCLE, PORT ST. LUCIE, FLORIDA 34953-3325

WEBSITE: **VWP2.COM**

EMAIL: **POA@VWP2.COM**

PHONE: **(888) - POA-VWP2**
(TOLL-FREE) - (888 - 762-8972)

FAX: **(888) - FXX-VWP2**
(888 - 399-8972)



UNIT OWNER REQUEST TO POA. FOR NEW LEASE PACKAGE (FORM # 1 - L)

I / WE, _____, an existing APPROVED owner(s) of unit #

_____, in the Villas of Windmill Point II POA., Inc, hereby notify the POA., that I / WE are intending to lease, renew, transfer, change the Lessee(s) on the above unit within the next 15 to 30 days, and request the POA send a New Lease package to the following individual(s) who are 18 years of age or older, and hereby authorize you to contact them for a background check / screening, registration and required interview and orientation required for issuance of a POA Certificate of Approval, REGARDLESS OF WHETHER EACH LESSEE SIGNING THE LEASE OCCUPIES THE UNIT OR NOT, and understand you can not and will not contact them prior to receiving this form.

Name, Address, Phone Number of New Lessee #1

Name, Address, Phone Number of New Lessee # 2

PHONE NUMBER: _____

PHONE NUMBER: _____

EMAIL: _____

EMAIL: _____

WILL LESSEE # 1 OCCUPY THE UNIT? _____

WILL LESSEE # 2 OCCUPY THE UNIT ? _____

HOW MANY TOTAL ADULTS OVER 18? _____ TOT.# OF MINORS: _____ # of PETS: _____ #VEHICLES: _____

(NOTE: IF there are MORE than 2 different names of prospective new Lessee(s), please copy + use additional form)

IF THERE ARE REAL ESTATE AGENTS INVOLVED IN ANY CAPACITY LIST THEIR INFO. BELOW:

LEASING/LISTING BROKER OFFICE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

LISTING AGENT: _____ PHONE NUMBER: _____

ALT. PHONE NUMBER: _____ EMAIL: _____

R.E. MANAGEMENT BROKER OFFICE (if different from above) _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

MGMT. AGENT (if different from above) : _____ PH: _____

ALT. PHONE NUMBER: _____ EMAIL: _____

MAINTENANCE REPRESENTATIVE (Or Emergency Contact Rep.): _____

PHONE NUMBER: _____ EMAIL: _____

UNIT OWNER'S INSURANCE CARRIER: _____

PH #: _____ EMAIL: _____ POLICY #: _____

(OWNER OR AGENT MUST PROVIDE PROOF OF INSURANCE AND COPY OF LEASE FOR APPROVAL BEFORE INTERVIEW!)

PERSON MAKING REQUEST: _____ PHONE NUMBER: _____

(PRINT NAME)

DATE: _____ BY: _____ EMAIL: _____

(SIGNATURE)