**OWNER INFORMATION**

|  |  |
| --- | --- |
| OWNER NAME: |  PROPERTY ADDRESS: |
| MAILING ADDRESS: |  |
| CITY, STATE, ZIP: |  |
| TELEPHONE: |  |
| EMAIL ADDRESS: |  |

**PROPERTY MANAGEMENT**

|  |  |
| --- | --- |
| PROPERTY MANAGEMENT FIRM: |  |
| MANAGER’S NAME: |  |
| MANAGER’S ADDRESS:  |  |
| MANAGER’S TELEPHONE: |  |
| MANAGER’S EMAIL: |  |

**TENANT INFORMATION**

|  |  |
| --- | --- |
| TENANT NAMES: |  |
| HOME TELEPHONE: |  |
| EMAIL ADDRESS: |  |

**LEASE TERM:** FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

|  |  |
| --- | --- |
| NAME: |  |
| ADDRESS: |  |
| CITY, STATE, ZIP CODE:  |  |
| TELEPHONE: |  |

**THIS APPLICATION HAS TO BE COMPLETED AND RETURNED TO ATLANTIC COMMUNITY MANAGEMENT WITHIN TEN (10) DAYS FROM THE SIGNING OF YOUR LEASE**

I ACKNOWLEDGE RECIEPT OF THE SHERWOOD LAKES COMMUNITY RULES & REGULATIONS

TENANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TENANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_